

Central Community Unit School District #3

2110 Hwy 94 North • Camp Point, IL 62320 • Telephone 217.593.7116 • Fax 217.593.7026

4:170-API, EI

Accident or Injury Form

The supervisory staff member must complete this form and give to their building principal for submission to the Superintendent's Office whenever any person, student, or adult, is injured on District property or at a District sponsored event.

Name of injured person _____

Age _____ Male Female Telephone _____

Address _____

Class, activity, or event _____

Accident location _____

Accident date _____ Time of accident _____

Describe Injury _____

How did the accident occur? (Describe sequence of events) _____

Emergency contact notified? Yes No If no, explain why: _____

If yes, provide the following:

Contact name _____ Relationship _____

Time and method of contact _____ By whom _____

Witnesses Information

Name	Address	Telephone

First aid administered? Yes No

If yes, describe first aid administered and by whom: _____

Name of Supervisor (*please print*) Building Principal's Signature Date

(office use only) Confirmed Diagnosis? _____

Nurse's Signature Date