

Joliet Township High Schools

Joliet, Illinois

ACCIDENT REPORT FORM

INFORMATION ABOUT STUDENT

Name of Student: _____			
Address: _____		_____	_____
(Street)		(City)	(ST) (Zip)
AGE: _____	SEX: _____	YEAR OF GRAD: _____	CAMPUS: <input type="checkbox"/>
Parent/Guardian Name:) _____			
Phone: _____		Cell: _____	

INFORMATION ABOUT ACCIDENT

Date of Accident: _____	Time of Accident: _____
Coach/Sponsor: _____	
During Regular School Day? <input type="checkbox"/>	
What was student doing when hurt? (Indicate whether in class, sports, etc.)	

Nature of injury:	

Where was injured taken after injury?:	

WITNESSESS:	

HEALTH OFFICE COMMENTS:

Date	Signature of Supervising Teacher at Time of Accident
Signature	Date

BUSINESS OFFICE COMMENTS:
