



PECATONICA COMMUNITY UNIT SCHOOL DISTRICT 321
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Pecatonica, Illinois 61063-0419

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Accident or Injury Form

The supervisory staff member must complete this form 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 _____

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: _____

Supervisor (*please print*)

Signature

Date