SPEED S.E.J.A. #802
1125 Division Street, Chicago Heights, IL 60411-2491
708/481-6100 Fax 708/481-5713

REPORT OF ACCIDENT OR INJURY

RECIPIENT'S NAME	PROGRAM

REPORT PREPARED BY (NAME AND TITLE) **DATE AND TIME** **AM PM**

PARENT/GUARDIAN(S) NOTIFIED BY (NAME OF EMPLOYEE)	DATE	TIME AM PM

PLEASE CHECK ONE OR MORE ITEMS IN EACH SECTION BELOW

Type of Injury
- □ 1. Scratch
- □ 2. Laceration
- □ 3. Bruise
- □ 4. Bite
- □ 5. Swelling
- □ 6. Other (describe)

_____

Body Parts Injured
- □ 1. Head/Face
- □ 2. Mouth/Teeth
- □ 3. Hands/Arms
- □ 4. Feet/Legs
- □ 5. Neck/Chest
- □ 6. Abdominal Area
- □ 7. Back/Buttocks
- □ 8. Genitals
- □ Other

_____

DATE AND TIME OF INJURY **AM PM**

LOCATION OF OCCURANCE

NAMES OF WITNESSES

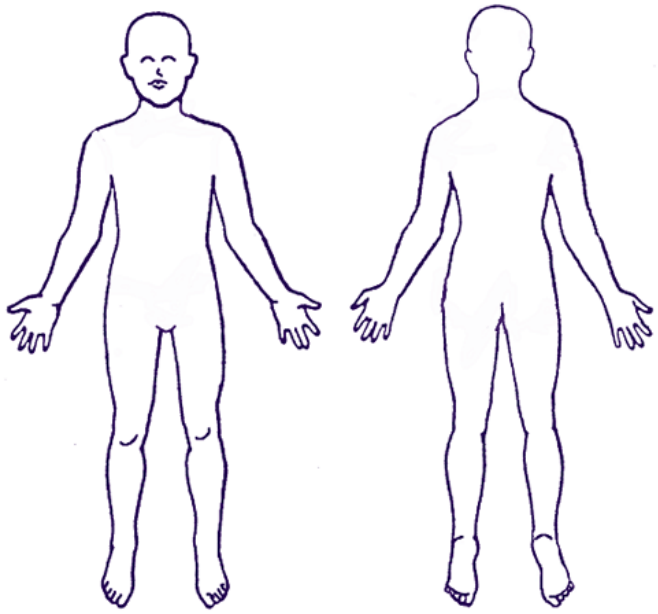
APPARENT CAUSE OF INJURY

NURSE'S COMMENTS

DATE AND TIME OF EXAMINATION

TREATMENT

NURSE'S SIGNATURE	DATE AND TIME AM PM
PRINCIPAL'S SIGNATURE	DATE AND TIME AM PM



RECORD ON THE FIGURE ALL BRUISES, CUTS, MARKS, SCRATCHES, ETC., AS SOON AS DISCOVERED