

ACCIDENT REPORT FORM

Name of Injured: _____ Date: _____

Address: _____ Phone: _____

_____ Phone: _____

Social Security Number: _____ DOB: _____

Parent or Guardian: _____ Phone: _____

Address (if different) _____

Date of Injury: _____ Time of Injury: _____ AM _____ PM

Location (facility/school) where injury occurred: _____ Coach: _____

Weather Conditions: _____

Part of body injured: _____

Nature of possible or suspected injury (sprain, fracture, bruise, etc.): brief description _____

Describe how accident occurred: _____

IMMEDIATE ACTION TAKEN

_____ First Aid Applied (give brief description) _____

_____ Sent to physician's office

_____ Called family

_____ Sent to hospital

_____ Other _____

METHOD OF TRANSPORTATION

_____ Ambulance

_____ Other _____

_____ Private vehicle

WITNESS(ES) TO ACCIDENT

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Reviewed by P&R Staff Member: _____

Date turned in: _____ Time: _____

ALL ACCIDENTS MUST BE REPORTED WITHIN 24 HOURS!

Turn into the Parks and Recreation Office or Fax to 856-589-0529