

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

_____ Sent to hospital

_____ Called family

_____ Other

METHOD OF TRANSPORTATION

_____ Ambulance _____
Other _____
_____ Private vehicle

WITNESS(ES) TO ACCIDENT

Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____ P
hone: _____

Name: _____ Address: _____ P
hone: _____

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