

# ACCIDENT/INCIDENT REPORT FORM

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

Site Director: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Who was injured person? (circle one) Player      Spectator      Coach

Type of injury: \_\_\_\_\_

Details of incident and/or injury (use back of sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Present? Yes \_\_\_\_\_ No \_\_\_\_\_      Parent Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Paramedics called to scene? Yes \_\_\_\_\_ No \_\_\_\_\_

Who contacted fire rescue to scene? \_\_\_\_\_

Injury requires transport?      Yes \_\_\_\_\_ No \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/hospital phone number: \_\_\_\_\_

\_\_\_\_\_

Name and Signature of Person completing this report

Date

**Email this completed form to [lindsay.mcparksrec@gmail.com](mailto:lindsay.mcparksrec@gmail.com) within 24 hours of incident**

