

ACCIDENT/INJURY REPORT FORM

Date of Accident/Injury: _____ 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 accident 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.mcparcsrec@gmail.com within 24 hours of accident.

