

RECREATION COUNCIL
ACCIDENT REPORT FORM
(To be used by ALL Recreation Council Programs)

Recreation Council: _____ Accident Location Site: _____

Report Filled Out By: _____ Position: _____ Date: _____

A. PARTICIPANT INVOLVED:

Name: _____ Age: _____ Sex: _____

Accident Date: _____ Time: _____ AM _____ PM _____

B. LOCATION OF ACCIDENT:

- Athletic Field Cafeteria Classroom Gymnasium Hallway
 Parking Area Pavilion Playground Swimming Pool
 Walkway, Outdoor Other (*specify*): _____

C. ACTIVITY INVOLVED IN ACCIDENT:

- Athletics (Practice) Athletics (Game) Classroom Playground
 Play/Free Time Transportation/Trip Other (*specify*): _____

D. APPARENT NATURE OF INJURY:

- Abrasion Bruise/Bump Burn Cut/Laceration Dislocation
 Fracture Head Injury Sprain Poisoning Shock (Electrical)
 Puncture Sting Other (*specify*): _____

E. PART OF BODY INJURED:

- Abdomen Ankle Arm Back Chest Elbow Eye
 Face Finger Foot Hand Head Knee Leg
 Teeth Wrist Other (*specify*): _____

(OVER)



F. IMMEDIATE ACTION TAKEN:

First Aid BY: _____

Sent Home with Parent BY: _____

Sent to Doctor BY: _____

Doctor's name: _____

Sent to Hospital BY: _____

Hospital's name: _____

By what means? _____

G. PERSON NOTIFIED:

Parent

Guardian

Friend

Name of person notified: _____

Notified by whom? _____

By what means? _____

If so notified, how long after injury? _____

H. WITNESS TO ACCIDENT (additional witnesses may be attached if necessary):

Name: _____ Phone: _____

Parent

Staff

Student

Other

Name: _____ Phone: _____

Parent

Staff

Student

Other

First person at scene of accident: _____

I. DESCRIPTION OF ACCIDENT (additional sheet may be attached if extra space is needed):

A. How did accident happen? _____

B. What was participant doing? _____

C. Was first aid given? _____

Signature of person filling out form: _____ Date: _____