

ACCIDENT REPORT FORM (PLEASE PRINT)



DATE _____ TIME _____ OF ACCIDENT

STAFF MAKING THE REPORT _____

NAME OF INJURED PERSON: _____ PHONE _____

ADDRESS: _____

CITY: _____ STATE _____ ZIPCODE _____

LOCATION: _____ GENDER: M ___ F ___ AGE _____

FACILITY WHERE THE ACCIDENT OCCURRED:

WITNESSES: NAME: _____ PHONE : _____

NATURE OF INJURY: _____

HOW DID THE ACCIDENT HAPPEN?

COACH OR STAFF IN CHARGE:

IMMEDIATE ACTION TAKEN:
First Aid given: _____ By (Name): _____
Sent Home: _____ By (Name): _____
Ambulance Called? _____ By (Name): _____
Parent or Guardian notified? _____ By (Name): _____

THIS REPORT MUST BE TURNED IN TO THE RECREATION OFFICE WITHIN 24 HOURS AFTER THE ACCIDENT.

SIGNED: STAFF COMPLETING THE REPORT

DATE: _____ TIME: _____

Accident/Injury Procedures:

- **Minor Accident/Injury:**
 - Give First Aid as necessary
 - Determine if participant should be transported home
 - Notify the injured person's sponsor if appropriate
 - Complete an accident/injury report form and turn-in to the Recreation Director as soon as possible.

- **Serious Accident/Injury:**
 - Give First Aid as necessary and insure an ambulance is called (911/394-7916). Insure you provide the ambulance dispatch with the exact location and nature of injury.
 - Insure the injured person's sponsor is notified.
 - Notify the Recreation Office 394-8830/564-6992 immediately.
 - Complete an accident/injury report form and turn-in to the Recreation Office within 24 hours of the accident.

Do not discuss the matter with anyone who was not present at the accident other than medical authorities, the Recreation Superintendent or City Manager