

**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: \_\_\_\_\_