



Parks, Recreation and
Neighborhood Services

Accident Report

Date of Accident _____
CSA _____
Program/Site _____

Attach copy of permission slip to form

Answer each section as completely as possible. Use reverse side for further details, or attach separate sheet. Print legibly using blue or black pen. Due to PRNS Department Office within 24 hours. If serious, notify PRNS Department immediately by phone.

Name: _____ Phone: _____

Address: _____ Age: _____ Sex M F

Parent/Guardian Name: _____ Phone: _____

Injury Information

Part of body injured & extent of injury _____

Accident Description (How the accident happened, what injured person was doing & equipment involved)

Action Taken

a. Was First Aid treatment given? Yes No By Whom? _____

b. What treatment was given? _____

c. Did staff witness the accident?
 Yes No If no, why not? _____

d. Additional Witnesses

Name	Address	Phone	Age

e. Family Member Notified: Yes No _____
Name Relationship

f. Other details (taken home, by whom, continued playing, unable to notify) _____

Accident Location (Center, school, trip, location): _____

Specific Area: athletic field asphalt swimming pool inside building gym
 apparatus other: _____ Weather conditions: _____

Date: _____ Time: _____

Print Name Signature Date

Permission slip attached/LC card copy
 _____ Attorney _____ Risk Mgr.
 _____ Dept. files _____ Center files

Rcvd by:
 1st Supervisor _____
 2nd Supervisor _____
 3rd Supervisor _____