

*Havre de Grace Recreation Committee*  
**ACCIDENT REPORT FORM**  
*(To be used by ALL Recreation Committee Programs)*

---

**Recreation Committee:** \_\_\_\_\_ **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*): \_\_\_\_\_

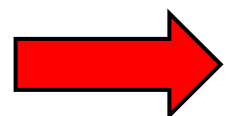
**D. APPARENT NATURE OF INJURY:**

- ☐ 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)**



# ACCIDENT REPORT FORM

## Page Two

### 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: \_\_\_\_\_