



Recreation
Minor Accident Report
(No further medical attention required)
Facility _____
Program: _____

Date: _____ 20____

Time of accident: _____ am / pm

Your name: _____

Time of written report: _____ am / pm

Injured person's name: _____

Age: _____ ☐ M ☐ F

Parent(s) name: _____

Phone #: _____

(Required if injured person is a minor)

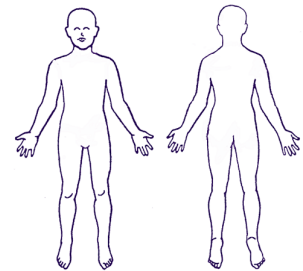
Parent(s) ☐ Present

☐ Phoned Mom

☐ Not contacted/spoken to because:

☐ Phoned Dad

Injury (Do not diagnose. Clear description of what you can see/feel/smell/hear and where injury is – also mark on diagram):



How injury occurred (where in facility / what they were doing / any equipment being used / if anyone else was involved, etc):

Treatment:

After treatment he /she: ☐ Went back to activity ☐ Went home

Supervisor notified: ☐ in person ☐ by phone

(Required if injury is caused by something that needs immediate repair or adjustment)

N:\Parks & Rec\Forms - Originals\Recreation Programs\Forms\First Aid - Incident Forms\New\Minor Accident Form

☐ Report placed on Supervisors Desk

Additional Information:

Follow-up review by Supervisor:
Comments:

Date: _____ Signature: _____