



Recreation

Major Accident Report

(911 or 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

Witness name: _____

Phone #: _____

Witness name: _____

Phone #: _____

Transported to: ☐ hospital ☐ doctor/dentist

By: ☐ Ambulance ☐ Parent(s) ☐ Other _____

☐ **Further detail needed, additional pages stapled to this form.**

Injury (Do not diagnose. Clear description of what you can see/feel/smell/hear and where injury is – also mark on diagram on back of sheet – chief complaint, secondary complaints, etc):

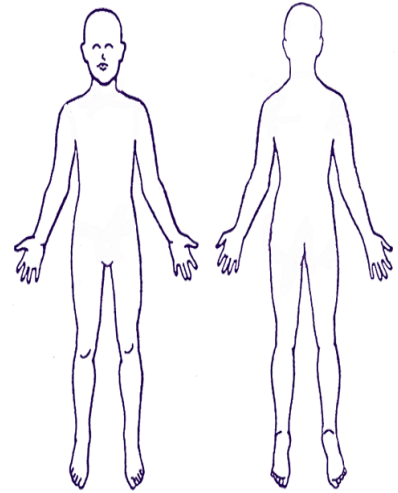
How injury occurred (where in facility – also indicate on map on back of sheet / what they were doing / any equipment being used / if anyone else was involved, etc):

Treatment (specify what employee/supervisor did):

Mark an "x" in
approximate location(s)

Details (U = Unknown):

	Y	N		Y	N	U
Suspected spinal			Airway used			
Submersion			Medication			
Conscious			Medic alert ²			
Breathing			Allergies			
Pulse			Pupils ³			
Deadly bleeding						
Shock						



1. Medical Alert For: _____
2. Are pupils equal & reactive?

Supervisor notified at: _____ am / pm → Contacted: ☐ In person ☐ By phone
(If unable to contact Supervisor, Contact Recreation Programmer, or Recreation Manager – circle which person was contacted)

Supervisor notified at: _____ am / pm

☐ ***All staff on duty has completed a separate written report of their role (see Policy 5.01).***

Additional Information:

Follow-up review by Supervisor - Comments:

Date: _____ Signature: _____