

INCIDENT/ACCIDENT REPORT

SUBMIT WITH 24 HOURS OF WHEN INCIDENT/ACCIDENT OCCURS

Fill as much information as possible and forward to Medfield Parks and Recreation Department

Program: _____
Instructor: _____
Location: _____ (Exact location at Facility)
Date: ___/___/___ Time: ___ am/pm
Program: _____
Name of injured person: _____ Age: _____
Address: _____
Best Phone Number: _____
Parent Name: _____
Description of Injury/Incident/Accident:

What type of First Aid Was Administered:

Who administered First Aid: _____
Was Further Treatment Recommended: _____
Where was injured person taken: _____
Accident witnessed by: _____ Phone: _____

INJURED SIGNATURE _____

(Print Name) _____

(Signature) REPORT COMPLETED BY: _____
(Print Name) _____

OFFICE USE ONLY Follow up by: _____
Date : _____ Time: _____
Spoke with: _____
(Signature) _____
(Print Name) _____