

Bremen Parks & Recreation Department

Accident Report (Participant)



Promoting Healthy & Enriching Lifestyles

Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Sex: _____ Date of Birth: _____ Phone Number: _____

Place of Accident: _____
(Be Specific)

Witnesses: Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Leader in charge of activity: Name: _____

Present at scene of accident: (circle one) Yes No

Specific part of body that was injured: _____

Degree and type of Injury: (circle one) Abrasion Fracture Amputation Laceration Bruise Concussion Burn

Other (Specify): _____

What person was doing/participating in when accident occurred: _____

First-Aid Treatment (what was done): _____

First-Aid Applied by: _____

Were parents notified: (circle one) Yes No

Was injured sent to: (circle one) Doctor Hospital Home

Name of Physician or Hospital: _____

Give brief, but thorough explanation of how injury happened; activity injured was involved in; follow-up comments: _____

Follow up by staff: _____

Person Completing Form: _____ Date: _____

Title: _____