

STRATHAM RECREATION DEPARTMENT

ACCIDENT/INJURY REPORT FORM

****Please be specific, write legibly and use the back of this form if you need additional space****

Name of Injured: _____

Local Address: _____

Phone Number: _____

Birth Date: _____ Age: _____ Sex: M__ F__

Date of Injury: _____ Time of Injury: _____ am / pm

Parent/Guardian Contacted: (circle) Yes / No Name: _____

Status: (circle one) Student Coach Spectator Referee Other:

Nature of Suspected/Stated Injury or Illness: (check below)

Abrasion Amputation Bleeding Bruise Burn/Scald
 Concussion Convulsion Cramps Dislocation Drowning
 Fainting Foreign Body Fracture Heart Heat Exhaustion
 Heat Stroke Inhalation Internal Injury Laceration Poisoning
 Puncture Shock (specify) Sprain/Strain Suffocation
 Other: _____

Part of body that was injured: (Mark "R" for Right and "L" for Left)

Generalized Skull/Scalp Eye Ear Nose
 Mouth Tongue Tooth Jaw Neck
 Spine Chest Lungs Abdomen Back
 Pelvis Shoulder Upper Arm Elbow Forearm
 Wrist Hand Finger(s) Hip Thigh
 Knee Lower Leg Ankle Foot Toe
 Other: _____

A. Please indicate below the exact location of the accident and the conditions in which the accident occurred:

B. Name of League Sponsoring Event:

C. How Did the Injury Occur? (Describe fully events, actions and conditions that contributed to the injury.)

D. Precise Explanation of Action Taken (First Aid/ Paramedic/ Referred to Health Service?):

E. Care of Injured Transferred to:

Name: _____

Position: _____

Police Called? Yes No Time Called: _____ Arrival Time: _____

Ambulance Called? Yes No Time Called: _____ Arrival Time: _____

Sent to Health Service? Yes No

Sent to Hospital/Clinic? Yes No

If Yes, Specify: _____

F. Witnesses:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Prepared By: _____ Position: _____

Date: _____

Signed:

Injured Party (if possible): _____

Coach/Person Filing Report: _____