



SCARDSDALE RECREATION ACCIDENT / INJURY REPORT FORM

(PLEASE PRINT)

I. NAME OF INJURED: _____

ADDRESS: _____ **PHONE:** _____

AGE: _____ **SEX:** _____ **OCCUPATION:** _____

II. ACCIDENT SITE: _____

DATE OF ACCIDENT: _____ **TIME:** _____

III. NATURE AND EXTENT OF INJURY (be specific) _____

ATTENDED BY: _____

SVAC: 1. _____

2. _____

3. _____

POLICE: 1. _____

WHERE THE INJURED WAS TAKEN: _____

(Name of Hospital or Doctor)

BY WHOM: _____

IV. DESCRIPTION OF ACCIDENT: _____

V. WITNESSES:

NAME

ADDRESS

PHONE

1. _____

2. _____

3. _____

VI. _____

SIGNATURE OF PERSON IN CHARGE

DATE OF REPORT

VII. CHECKLIST:

1. Police called _____ by whom: _____ Time: _____

2. Parents called _____ by whom: _____ Time: _____

3. If unable to reach parents, who was notified: _____

VIII. SPECIAL CONDITIONS

1. Conditions of Surrounding Area: _____

IX. FIRST AID TREATMENT

1. Type of First Aid Administered: _____

2. Person who Administered First Aid: _____

3. Time of Day: _____

4. Other (follow up procedures): _____

SUPERVISOR'S SIGNATURE

DATE