

**FOR OFFICE USE ONLY**

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**PHILLIPSBURG RECREATION DEPARTMENT  
ACCIDENT REPORT FORM**

**To be submitted to Recreation Department, 108 Anderson St. IMMEDIATELY**

NAME OF ORGANIZATION \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_

NAME OF TEAM/SPORTS ACTIVITY \_\_\_\_\_ TIME OF INJURY \_\_\_\_\_

PLACE OF ACCIDENT OCCURRED \_\_\_\_\_

NAME OF INDIVIDUAL \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

PHONE \_\_\_\_\_ PARENT'S ADDRESS \_\_\_\_\_

NATURE OF INJURY (Please describe fully indication what part of the body was injured)

\_\_\_\_\_

DESCRIBED HOW ACCIDENT OCCURRED (Give all possible details.)

\_\_\_\_\_

\_\_\_\_\_

FIRST AID ADMINISTERED \_\_\_\_\_

\_\_\_\_\_

DID ACCIDENT OCCUR (Yes or No)	YES	NO
a) While injured was supervised.....	_____	_____
b) During sponsored activity.....	_____	_____
c) During programmed hours.....	_____	_____
d) On activity premises.....	_____	_____
e) While traveling to or from a regularly scheduled activity in a supervised group.....	_____	_____

NAME OF SUPERVISOR/COACH \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_