



CARROLL COUNTY DEPARTMENT OF RECREATION AND PARKS

Participant Accident ~ Injury Form

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PLEASE PRINT

Reported By:	Date Occurred:	Date Reported:
Site/Location:	Time Occurred:	Time Reported:

Program Name/Recreation Council/Organization: _____

Name of Person Injured:	
Address:	DOB:
Email:	Telephone:

Body Part Injured (indicate left, right, back, front, etc.) Parent/Guardian Notified (required if under 18)

in person
 by phone
 email
 Date/Time: _____

- Head _____
- Back _____
- Chest/Ribs _____
- Face _____
- Eye _____
- Ear _____
- Nose _____
- Mouth _____
- Teeth _____
- Neck/Throat _____
- Shoulder/Collar Bone _____
- Abdomen _____
- Back _____
- Chest/Ribs _____
- Arm _____
- Elbow _____
- Wrist _____
- Hand _____
- Finger/Thumb _____
- Leg _____
- Knee _____
- Ankle _____
- Foot _____
- Toes _____
- Other: _____

Name of Staff/Volunteer Providing Care: <input type="checkbox"/> Ambulance Called (Notify Supervisor Immediately)	Contact Info of Staff/Volunteer Providing Care: Name: _____ Email: _____ Phone: _____ Hospital/Medical Contact: _____
Care Given: _____ _____ _____	
Witness 1 Name: _____ Address: _____	Telephone: _____ Email: _____
Witness 2 Name: _____ Address: _____	Telephone: _____ Email: _____

Description of Accident/Injury (in detail, facts only): Use back or attach additional sheets if necessary.

Parent/Guardian Signature (if available) _____ Date _____ Phone: _____

Staff/Volunteer Completing form (Print) : _____ email: _____

Staff/Volunteer Signature: _____ Date _____ Phone: _____

Reports are due within 24 hours. Serious Accidents: email report immediately to
 Lisa Carroll at lcarroll@ccg.carr.org / or designated supervisor OR Fax to CCRP at 410-876-8284

Department Use Only: Copy to Risk Management? Yes No By Whom? _____ Bureau Chief Initials _____