CARROLL COUNTY DEPARTMENT OF RECREATION AND PARKS

Participant Accident ~ Injury Form

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.)

❑ 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: _____

Parent/Guardian Notified (required if under 18)

❑ in person ❑ by phone ❑ email Date/Time:_____

Name of Staff/Volunteer Providing Care:	**Contact Info of Staff/Volunteer Providing Care:** **Name: _____** **Email: _____** **Phone: _____**
❑ Ambulance Called (Notify Supervisor Immediately)	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@carrollcountymd.gov / 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 _____