

DEERFIELD RECREATION DEPARTMENT
ACCIDENT REPORT

Site Supervisor or Coaches Report of accident

Date _____

Name _____ Phone _____

Address _____

Location of injury site _____

Recreation Activity involved _____

Description of Injury _____

First Aid provided by coach or site supervisor _____

Description of Accident _____

Was medical treatment going to be sought after leaving the site? _____ Explain- ambulance- personal physician, etc. _____

Cause of Accident _____

Action taken to prevent future occurrence _____

Site Supervisor or coaches name _____

Remarks _____

Recreation Department review _____
