

**BETHEL PARK RECREATION**  
**ACCIDENT/FIRST AID /or/ INCIDENT REPORT**  
(print except for signature)

Date of Report: \_\_\_\_\_ Date of Injury/Incident: \_\_\_\_\_ Time of Day: \_\_\_\_\_ AM/PM

Location : \_\_\_\_\_ Type of Activity \_\_\_\_\_

Name of person in charge of activity: \_\_\_\_\_

Provide the following information for the Person completing this report: (print except for signature)

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Provide the following information: Person Injured or People Involved in Incident:

NAME \_\_\_\_\_ Address: \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Name of PARENT/GUARDIAN (of any person under 18 years of age):

Name \_\_\_\_\_ (Parent / Guardian of) \_\_\_\_\_

Name \_\_\_\_\_ (Parent / Guardian of) \_\_\_\_\_

**DESCRIBE NATURE OF INJURY or EXTENT OF INCIDENT**

Nature of injury / extend of incident: \_\_\_\_\_

Description of any Injury: \_\_\_\_\_

Describe Any First Aid provided: \_\_\_\_\_

Were parents notified? No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Sent Home? Yes \_\_\_ No \_\_\_ Sent to Hospital? Yes \_\_\_ Via \_\_\_\_\_

Did any injury require treatment by Doctor? No \_\_\_\_\_ Yes \_\_\_ If so (Name of Dr.) \_\_\_\_\_

**Any injured person, that requires Dr. treatment, must have written approval to return to activity!**

Name (s) of any Witness(es) to Accident / Incident:

1. \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_

Report Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing report: \_\_\_\_\_ Date: \_\_\_\_\_