

**Camp Hill Recreation
Participant Accident Report**

Please complete this form when someone sustains any type of injury during your program.
Notify the Recreation Office (737-4548) the next day of the injury.

Name of Participant _____ Phone # _____

Date of Accident _____ Time of Accident _____

Where did accident occur _____

Nature of injury _____

How did accident happen _____

Who witnessed accident _____

Disposition of Case : (Check areas)

(A) Given ice

(B) Taken to hospital by ambulance

(C) Taken to hospital by another individual

(D) Sent home

(E) Remarks _____

Signature of supervisor reporting accident _____

Emergency Number - 911