

**Lancaster Recreation Commission  
Accident/Illness Report**

*This report must be filled out completely within 24 hours of accident/illness.*

**Victim of Accident/Illness**

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

**Employee Reporting Accident/Illness**

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Signature \_\_\_\_\_

When was this report completed? Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Program name \_\_\_\_\_ Location \_\_\_\_\_

**Accident/Illness Information**

Date of Accident/Illness: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Day of Week \_\_\_\_\_

Exact Time of Accident/Illness \_\_\_\_\_ a.m./p.m.

Place where Accident/Illness occurred (be specific): \_\_\_\_\_

Person(s) in charge of program or facility at time of Accident/Illness: \_\_\_\_\_

Describe the Accident - be sure to cover who, what, where, when and why - be very specific:

\_\_\_\_\_  
\_\_\_\_\_

***Must be completed:***

Bodily fluids were present (Please circle: vomit, urine and/or blood).  Yes  No

Protective gloves were worn to treat the injury/illness.  Yes  No

If no, explain why: \_\_\_\_\_ Witness signature: \_\_\_\_\_

Describe first aid or treatment given: \_\_\_\_\_

List any people familiar with the Accident/Illness with name, address and telephone #:  
\_\_\_\_\_  
\_\_\_\_\_

List any local authorities notified \_\_\_\_\_ Phone \_\_\_\_\_

Victim released to \_\_\_\_\_

Signature \_\_\_\_\_

**Transportation Information**

**Complete this section only if the victim was removed from the area.**

Who transported the victim? \_\_\_\_\_

What time was he/she called? \_\_\_\_\_ What time did he/she arrive? \_\_\_\_\_

What time was the victim removed? \_\_\_\_\_

Where was the victim taken? Name and address of facility: \_\_\_\_\_

Whose vehicle was used to transport the victim? \_\_\_\_\_

List emergency contact person notified: \_\_\_\_\_

Does the victim need follow-up care:  Yes  No If yes, explain: \_\_\_\_\_