

ACCIDENTAL INJURY REPORT

The following report is to be made with the Borough Clerk immediately if injury occurs - Recreational Activity

DATE OF BIRTH: _____

TELEPHONE NO.: _____

DATE: _____

NAME OF INDIVIDUAL INJURED _____

ADDRESS _____

SOCIAL SECURITY NO. _____ AGE _____ SEX _____

DATE OF ACCIDENT _____ TIME _____ A.M. _____ P.M.

SPORT PLAYED WHEN INJURY OCCURRED _____

PLACE OF ACCIDENT _____

DESCRIBE INJURY _____

OBJECT INVOLVED _____

EXPLAIN OCCURRENCE _____

WAS INDIVIDUAL TAKEN TO DOCTOR OR HOSPITAL _____

DOCTOR'S NAME AND ADDRESS _____

HOSPITAL _____

I certify the above as being a true statement _____

Individual's Signature
or Parent/Guardian

Date: _____

Certified by Coach,
Manager, etc.