TALLAHASSEE PARKS AND RECREATION DEPARTMENT PARTICIPANT ACCIDENT - GENERAL INCIDENT REPORT

NOTE: This form is only to be used for any "incident" reported to you or for a "participant" accident reported to you.

PROGRAM ACTIVITY	•			
DATE OF OCCURRENCE:				
FACILITY NAME:			RRED:AGE:	
LOCATION WITHIN F.	ACILITY WHERE IN	ICIDENT OCCU	RRED:	
PARTICIPANT NAME		FIRST	AGE:	SEX:
ADDRESS:	LAST	FIRST	MI	
NUMBE	 R	STREET	CITY	ZIP CODE
TELEPHONE: (H)			_(W)	
NAME OF PARENT/G	UARDIAN:			
			_(W)	
NAME OF CLUB/TEA	 М:			
NAME OF COACH:				
TELEPHONE: (H)			_(W)	
ADDRESS:				
NUMBER	R STREET		CITY	ZIP CODE
DESCRIPTION OF INC	CIDENT/ACCIDENT	:		
NOTE: If more space is needed INJURED BODY PAR leg/foot knees shoulder	T – SPECIFY RIGH head/neck torso/back	T OR LEFT: ear into	rs/nose/mouth/teeth ernal ner	
Silouluei				
ON SITE TREATMENT	Γ GIVEN BY:			
STAFF	COACH	EM	T/PARAMEDIC	
OTHER				
TREATMENT REFUSI TRANSPORTED: TRANSPORTED TO: _	ED:YES	NO BY: _	RELEASED TO:	
WITNESS:			TELEPHONE:	
WITNESS:			I ELEPHONE:	
WITNESS:			TELEPHONE:	
NOTIFICATION:	Doront/C	n Delle	TELEPHONE:	nont Cofot
ACCIDENT DEPORTS	rarent/Guardia	II POIICE	e Risk Managen	nent Safety
ACCIDENT KEPUKIE	י וט (ארר):		PHONE:	DATE:
KEYUKI SUBMIIIEL	OUDEDVICED		PHONE:	DATE:
			PHONE:	
SAFETY OFFICER: Please fill in all blanks. U	co N/A if not anniver	•		DATE:
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