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: _____**TIME:** _____**AM/PM**
FACILITY NAME: _____
LOCATION WITHIN FACILITY WHERE INCIDENT OCCURRED: _____
PARTICIPANT NAME: _____**AGE:**_____**SEX:**_____
LAST FIRST MI
ADDRESS: _____
NUMBER STREET CITY ZIP CODE
TELEPHONE: (H) _____**(W)** _____
NAME OF PARENT/GUARDIAN: _____
TELEPHONE: (H) _____**(W)** _____
NAME OF CLUB/TEAM: _____
NAME OF COACH: _____
TELEPHONE: (H) _____**(W)** _____
ADDRESS: _____
NUMBER STREET CITY ZIP CODE
DESCRIPTION OF INCIDENT/ACCIDENT: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOTE: If more space is needed please use reverse side of form.

INJURED BODY PART – SPECIFY RIGHT OR LEFT:

_____ **leg/foot** _____**head/neck** _____ **ears/nose/mouth/teeth**
_____ **knees** _____**torso/back** _____ **internal**
_____ **shoulder** _____**hand/arm** _____ **other** _____

ON SITE TREATMENT GIVEN BY:

_____**STAFF** _____**COACH** _____**EMT/PARAMEDIC**
_____**OTHER** _____
DESCRIBE TREATMENT GIVEN BY TPRD STAFF: _____
_____
_____
_____
_____
_____
_____
_____

TREATMENT REFUSED: _____ **RELEASED TO:** _____
TRANSPORTED: _____**YES** _____ **NO BY:** _____
TRANSPORTED TO: _____
NAME OF EMTS: _____
WITNESS: _____**TELEPHONE:**_____
WITNESS: _____**TELEPHONE:**_____
WITNESS: _____**TELEPHONE:**_____
NOTIFICATION: _____**Parent/Guardian** _____ **Police**_____ **Risk Management** _____ **Safety**
ACCIDENT REPORTED TO (STAFF): _____**PHONE:**_____**DATE:**_____
REPORT SUBMITTED BY: _____**PHONE:**_____**DATE:**_____
FACILITY/PROGRAM SUPERVISOR:_____**PHONE:**_____**DATE:**_____
DIVISION SUPERINTENDENT: _____**DATE:**_____
SAFETY OFFICER: _____**DATE:**_____

Please fill in all blanks. Use N/A if not applicable.