CARROLL COUNTY DEPARTMENT OF RECREATION AND PARKS
Participant Accident ~ Injury Form

<table>
<thead>
<tr>
<th>Reported By:</th>
<th>Date Occurred:</th>
<th>Date Reported:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site/Location:</td>
<td>Time Occurred:</td>
<td>Time Reported:</td>
</tr>
</tbody>
</table>

Program Name/Recreation Council/Organization: 

Name of Person Injured: 

Address: 

DOB: 

Email: 

Telephone: 

Body Part Injured (indicate left, right, back, front, etc.) 

- Head ___
- Back ___
- Chest/Ribs ___
- Face ___
- Eye ___
- Ear ___
- Nose ___
- Mouth ___
- Teeth ___
- Neck/Throat ___
- Shoulder/Collar Bone ___
- Abdomen ___
- Back ___
- Chest/Ribs ___
- Arm ___
- Elbow ___
- Wrist ___
- Hand ___
- Finger/Thumbs ___
- Leg ___
- Knee ___
- Ankle ___
- Foot ___
- Toes ___
- Other: ___

Parent/Guardian Notified (required if under 18) 

- □ in person 
- □ by phone 
- □ email 
- Date/Time: 

Name of Staff/Volunteer Providing Care: 

Name: 

Email: 

Phone: 

Contact Info of Staff/Volunteer Providing Care: 

Hospital/Medical Contact: 

Care Given: 

Witness 1 Name: 

Address: 

Telephone: 

Email: 

Witness 2 Name: 

Address: 

Telephone: 

Email: 

Description of Accident Injury (in detail, facts only): Use back or attach additional sheets if necessary. 

Parent/Guardian Signature (if available): 

Date: 

Phone: 

Staff/Volunteer Completing form (Print): 

email: 

Staff/Volunteer Signature: 

Date: 

Phone: 

Reports are due within 24 hours. Serious Accidents: email report immediately to Lisa Carroll at lcarroll@ccg.carr.org / or designated supervisor OR Fax to CCRP at 410-876-8284 

Department Use Only: Copy to Risk Management? □Yes □No By Whom? Bureau Chief Initials