

**Township of Long Hill
Department of Recreation
INJURY REPORT FORM**

Date of Injury _____ Place of Injury _____

Injured's Name _____ Age _____ Sex _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Location/Description of Injury _____

Description of Circumstances _____

Action Taken: (Check all that apply)

_____ a. none required _____ b. injured refused treatment

_____ c. parents called at _____ am/pm Caller _____

_____ d. First Aid Given By: _____

Describe: _____

_____ e. Ambulance called at: _____ am/pm Caller _____

_____ f. Injured taken to: _____

Via: _____

_____ g. Others notified _____ at _____ am/pm

Caller _____

Witnesses: _____ Phone: _____

Date of Report _____ Prepared by _____

Signature of Preparer: _____

Signature of Parent or Guardian: _____

Retain one copy of this report for your records and submit a copy to the Recreation Director