



## Mansfield Township Recreation

### Accident Report

This form is to be completed immediately following the occurrence of any injury that is severe enough to warrant medical attention and/or treatment (i.e. first aid, emergency room, head bumps, nose bleeds, etc.) **Keep all language impartial; present the information as facts only. A copy of the completed form should be submitted to recreation@mansfieldtp.com within 24 hours of the incident.**

Any head injury or concussion reported for follow up must be out of practices and games for 3 days from accident or injury and will not be allowed to resume attendance without a doctor's note.

Name of Injured Party: \_\_\_\_\_ Team Name: \_\_\_\_\_

Date and Time of Injury: \_\_\_\_\_

Parent/Guardian: Present? ☐ Yes ☐ No Full Name: \_\_\_\_\_

Location where the injury occurred: \_\_\_\_\_

What caused the injury? What was the person doing when the injury occurred: \_\_\_\_\_

Nature of injuries and/or body part(s) affected: \_\_\_\_\_

Describe treatment given: \_\_\_\_\_

Did the player return to practice/game? ☐ Yes ☐ No

Use other side if more space is needed.

Name of Coach or responsible adult at the scene: \_\_\_\_\_

Parents/Officials called to the scene: ☐ Parent/Guardian ☐ Ambulance/EMS ☐ Police ☐ Fire Department

Was the injured person taken for medical treatment? ☐ Yes ☐ No

If yes, where? ☐ Physician's Office ☐ Urgent Care ☐ Hospital ☐ Other: \_\_\_\_\_

If known, name and address of facility: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Name

Position

Date