

**Harrisonburg Parks and Recreation Injury/Accident Report**

**Facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Reported By:** \_\_\_\_\_

**Who Was Injured?**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How Did Injury Occur?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type/Position of Injury?**

\_\_\_\_\_  
\_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Treatment:**

Extent First Aid Was Needed? \_\_\_\_\_  
Was Emergency Vehicle Requested? \_\_\_\_\_  
Was Treatment by Physician Required? \_\_\_\_\_