



CITY OF HARRISONBURG

**PARKS
& REC**

Harrisonburg Parks and Recreation Injury/Accident Form

Name of Injured Person: _____

Date of Birth: _____ Age: _____ Reported by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

School: _____

How did the injury/accident occur?

What type of injury was sustained?

Witnesses:

Name: _____ Contact: _____

Name: _____ Contact: _____

Treatment given: _____

Were emergency services called/required: _____ If yes, What: _____

What treatment was given: _____

Signature of Reporter: _____ Date: _____