

# FLORENCE TOWNSHIP RECREATION DEPARTMENT

## INJURY REPORT

This injury report must be submitted to the Recreation Director within 72-hours of injury.

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ Facility Location \_\_\_\_\_

NAME OF INJURED INDIVIDUAL: \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
At Time of Injury: Player \_\_\_\_ Coach \_\_\_\_ Official \_\_\_\_ Game Assistant \_\_\_\_ Spectator \_\_\_\_  
Address and Telephone \_\_\_\_\_  
Name(s) of Parent(s) \_\_\_\_\_

Sports Organization \_\_\_\_\_ Coach at Site \_\_\_\_\_

Injured Part(s) of Body \_\_\_\_\_  
Type of Injury (Bruise-Fracture-Sprain, Etc.) \_\_\_\_\_

Incident Description \_\_\_\_\_  
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Witnesses (Name-Address-Telephone-Player-Coach-Etc.)  
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\_\_\_\_\_  
\_\_\_\_\_

Medical Care (Check All That Apply): 1<sup>st</sup> Aid \_\_\_\_ EMT \_\_\_\_ Hospital \_\_\_\_ Taken Home \_\_\_\_

Parent(s) Notified (Yes-No): Mother \_\_\_\_ Father \_\_\_\_ Came To Site: Mother \_\_\_\_ Father \_\_\_\_

Report Prepared By \_\_\_\_\_ Position \_\_\_\_\_

Date Report Prepared \_\_\_\_\_