



CARROLL COUNTY DEPARTMENT OF RECREATION AND PARKS

Participant Accident - Injury Form

Reported By:	Date Occurred:	Date Reported:																																																
Site/Location:	Time Occurred:	Time Reported:																																																
Program Name/Recreation Council/Organization: _____																																																		
Name of Person Injured:																																																		
Address:		DOB:																																																
Email:		Telephone:																																																
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Description of Accident/Injury (in detail, facts only): Use back or attach additional sheets if necessary.																																																		

Parent/Guardian Signature (if available) _____ Date: _____ Phone: _____

Staff/Volunteer Completing form (Print) : _____ Email: _____

Staff/Volunteer Signature: _____ Date: _____ Phone: _____

Reports are due within 24 hours. Serious Accidents: email report immediately to Lisa Carroll at icarroll@carrollcountymd.gov or designated supervisor OR Fax to CCRP at 410-876-8284

Department Use Only: Copy to Risk Management? Yes No By Whom? _____ Bureau Chief Initials _____