

<b>Instructions:</b> 1. A report is submitted on the day of occurrence. 2. In case of serious injury, signed statements by witnesses must accompany report. 3. A follow up report is required if accident causes absence from school.	<b>ACCIDENT REPORT</b> <b>Garfield Athletic Dept</b> 500 Palisade Ave Garfield, NJ 07026	SPORT  DATE OF REPORT  TIME OF REPORT		
<b>PERSON INJURED</b> NAME: _____ ADDRESS: _____	<input type="checkbox"/> SCHOOL INSURANCE <input type="checkbox"/> OTHER INSURANCE <input type="checkbox"/> NO INSURANCE			
<input type="checkbox"/> STUDENT <input type="checkbox"/> NON STUDENT	DOB: _____	SEX: _____	GRADE: _____	
<b>INJURY</b> DATE: _____ TIME: _____ LOCATION: _____				
TYPE OF INJURY: _____				
DESCRIPTION OF ACCIDENT: _____				
<u>WITNESS(ES)</u>				
NAME OF PERSON(S) ON DUTY/WITNESS(ES): _____ OFFICIAL POSITION: _____ AGE: _____ ADDRESS: _____ PHONE: _____				
NAME OF PERSON(S) ON DUTY/WITNESS(ES): _____ OFFICIAL POSITION: _____ AGE: _____ ADDRESS: _____ PHONE: _____				
<u>FIRST AID RENDERED</u>				
ADMINISTERED BY: _____				
HOSPITAL SENT TO: _____ TIME: _____ ACCOMPANIED BY: _____				
TYPE OF AID ADMINISTERED / ASSESSMENT: _____				
<u>PARENT / RELATIVE CONTACTED</u>				
NAME: _____ RELATIONSHIP TO INJURED: _____ PHONE: _____ TIME: _____				
<u>METHOD OF TRANSPORTATION</u>				
<input type="checkbox"/> SENT TO HOME <input type="checkbox"/> NOT SENT HOME				
<u>ADDITIONAL INFORMATION</u>				
<b>Submitted By:</b> _____ <b>Title:</b> _____				