

Lake Mills Recreation Department Incident Report Form
(To be completed by staff or volunteer supervising the activity)

Date of Injury _____

Name of person injured _____ Grade _____ Age _____

Activity _____

Person Supervising Activity _____

Describe fully how injury occurred:

Time: _____

Place: _____

Details: _____

How was injury cared for? _____

Witnesses: 1. _____ 2. _____

Was student referred to Doctor, Dentist, or Hospital? Yes No

Give name of Doctor _____

Additional Information:

Signature of coach

(To be completed by office)

Parent's name and address

Date received