

**DENTON PARKS AND RECREATION DEPARTMENT
PATRON ACCIDENT REPORT**

Name of Patron: _____ Age: _____

Address: _____ Phone #: _____

Date and Time of accident: _____

Location and area of Facility accident occurred: _____

Describe in detail how the accident occurred:

Was accident the result of a rule violation? Yes/No If so, what?

Apparent extent of injury:

Was first aid given? Yes/No By whom? _____

What type?

Ambulance/Police called? Yes/No Parents notified? Yes/No

Released to: _____
(Parents, hospital, back to facility, home, etc.)

Witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Other comments:

Signature of injured person or parent/guardian: _____
(if a minor)

Signature of person making report: _____

Title: _____

Retain one copy and send original to the PAM within 24 hours.

If accident is serious, immediately notify the PAM or Recreation Superintendent.

