

CHATHAM RECREATION – INCIDENT REPORT

This report should be completed and returned to: *Chatham Recreation, 54 Fairmount Avenue, Chatham, NJ 07928* **NO LATER** then the following day of the noted incident.

Name: _____ Phone: _____

Address: _____ DOB: _____

Incident Date: _____ Time: _____ Location: _____

Activity Involved: _____

Incident Description: _____

Witness Names and Phone Numbers: _____

If there was an injury, describe that injury: _____

Was medical attention administered? If so, what was done? _____

Was there transport to a doctor and/or hospital? _____ If so, to where? _____

Who did the transport? (Parent/EMS) _____

If this was an organized activity, who was the on-site person in charge? _____

Name/Phone of person completing this report? _____

Parent Names: _____