

EMERGENCY – FIRE AND POLICE DEPARTMENT #911
POLICE DEPARTMENT (626) 914-8297
FIRE DEPARTMENT (Amelia Location) (626) 963-5719

GLENDORA COMMUNITY SERVICES DEPARTMENT

YOUTH SPORTS ACCIDENT REPORT

NAME: _____ AGE: _____ PHONE NUMBER: _____

PARENTS NAME: _____ HOME ADDRESS: _____

DATE: _____ TIME: _____ LOCATION: _____

PLACE WHERE ACCIDENT OCCURRED: _____

STATE EXACT NATURE OF INJURY: _____

WHAT WAS DONE WITH THE INJURED PERSON AND BY WHOSE ORDERS: _____

NAME OF PHYSICIAN OR HOSPITAL USED: _____

WHAT FIRST AID WAS GIVEN: _____ BY WHOM: _____

WITNESS:

NAME: _____ ADDRESS: _____ PHONE: _____

DID PERSON IN CHARGE WITNESS ACCIDENT: _____

IF NO, WHERE WAS HE/SHE WHEN ACCIDENT OCCURRED: _____

INJURED PARTIES NAME (Printed): _____

COACHES NAME (Printed): _____

TEAM NAME (Printed): _____

COACHES SIGNATURE: _____

ACCIDENT REPORT MUST BE SUBMITTED TO COMMUNITY SERVICES DEPARTMENT, 116 EAST FOOTHILL BLVD., CALIFORNIA 91741, WITHIN 24 HOURS AFTER ACCIDENT.