

Middlefield-Cardinal Youth Sports Program

14860 North State Ave. Middlefield, Ohio 44062

Phone (440) 632-5248 Fax (440) 632-0591

ACCIDENT REPORT FORM

Must be filled out for all injuries – use back of paper if necessary.

Date of accident _____ Time _____

Name of injured person _____

Age _____ Grade _____ Parents' names _____

Circumstances of accident... Explain in detail how accident happened and where you were....

Scene of accident... Describe location where accident occurred.

Injuries and damage... Describe nature of injuries.

Was further medical attention required? If, what, where, and when?

Treated by: _____

Witnesses: Give names, addresses and phones of all witnesses who know anything about accident or circumstances surrounding it.

Date of this report _____ By: _____