

Township Of Mahwah Injury Report Form

Date of Injury: _____ Place of Injury: _____

Injured: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Association with Program: _____
(e.g. athlete, coach, spectator)

Description of Circumstances: _____

Action Taken: (check all that apply)

____ non required ____ injured refused treatment

____ Parent called at ____ am/pm Caller: _____

First aide given by: _____

Describe: _____

Ambulance called at: _____ am/pm Caller: _____

Injured taken to: _____

Via: _____

Others notified: _____ at ____ am/pm

Caller: _____

Witness: (1) _____ Phone # _____

(2) _____ Phone # _____

Date of Report: _____ Prepared by: _____

Signature: _____

Retain (1) copy of this report and submit a copy to Dawn DaPuzzo, Recreation Director
Township of Mahwah 475 Corporate Drive Mahwah, NJ 07430