

RSU No. 5 Community Programs
Durham - Freeport - Pownal

Participant Accident Report

NOTE: This form must be completed for any accident involving a child in an RSU No. 5 Community Program. The completed form must be provided to the RSU No. 5 Community Program office as soon as possible.

Child's Name: _____

DOB: _____ Grade _____ (if applicable to program)

Parent/Guardian Name: _____

Name of Program: _____

When/where accident occurred: Date _____ Time _____ Location _____

Person reporting accident: _____

Witnesses, if any: _____

Brief Description of Injury (where on body/type of injury): _____

Brief description of how Injury Occurred: _____

First Aid or Other Care Given: _____

Was 911 Called: YES NO

Were Other Medical Professionals Contacted: YES NO

If Yes, Name(s)/Title(s): _____

Parent/guardian notified: Name: _____ Date _____ Time _____

Program Director notified: Name: _____ Date _____ Time _____

Name of Staff Completing Form: _____ Date _____ Time _____

Staff Signature: _____ Date _____

Community Programs Director Signature: _____ Date _____