



TOWN OF WEST SENECA

TOWN SUPERVISOR
SHEILA M. MEEGAN
TOWN COUNCIL
EUGENE P. HART
WILLIAM P. HANLEY, JR.

TO: Honorable Town Board / Town of West Seneca
FROM: Lauren Masset
Youth Service Coordinator
DATE: June 13, 2016
RE: Recreation Program Accident/Incident Report

Dear Honorable Town Board,

Please kindly move to accept the attached Accident/Incident Report form for West Seneca Youth & Recreation programs.

Please note that this form is separate from the Accident/Incident Report for the West Seneca Ice Rink.

John Fenz (Town Attorney) has reviewed this form.

Best Regards,

A handwritten signature in cursive script, appearing to read "Lauren Masset".

Lauren Masset
Youth Service Coordinator

Town of West Seneca
 Youth & Recreation Department
 Program Accident/Incident Report Form
 (Fill out 1 on each incident or person)

Program Name/Location _____ Date _____

Name of Person Involved _____ Age ____ Sex ____ Camper Staff Visitor
Last First Middle

Address _____ Phone _____
Street & Number City State Zip Area/Number

Name of Parent/Guardian (if minor) _____

Address _____ Phone _____
Street & Number City State Zip Area/Number

Name/Addresses of Witnesses (You may wish to attach signed statements.)

1. _____
2. _____
3. _____

Type of Incident Behavioral Accident Epidemic Illness Other (describe)

Date of Incident/Accident _____ Hour _____ a.m. p.m.
Day of Week Month Day Year

Describe the sequence of activity in detail including what the (injured) person was doing at the time:

Where occurred? (Specify location, including location of injured and witnesses. Use diagram to locate persons/objects.)

Was injured participating in an activity at time of injury? Yes No If so, what activity? _____

Any equipment involved in accident? Yes No If so, what kind? _____

Emergency procedures followed at time of incident/accident _____

First Aid Given (explain): _____

By Whom: _____ Contact Phone Number: _____

Camper Remained In Camp: Yes No

Parent/Guardian Notified: Yes No By Whom: _____ When: _____

How: _____ Result: _____

Submitted by _____ Position _____ Date _____

Phone number _____

Required Signatures:

| | Print Name: | Sign Name: | Date: |
|--------------------------|-------------|------------|-------|
| Person Completing Report | | | |
| Camp/Program Director | | | |
| Department Head | | | |
| Parent/Guardian | | | |