



Copies routed to:

Coach

AD Football/Basketball/ Cheer

Central Council

President  VP  2<sup>nd</sup> VP  Secretary  Treasurer

File

## Accident/Incident Form

Date of Report: \_\_\_\_\_ Person Reporting Incident: \_\_\_\_\_

### **Accident/Incident Information:**

Date of accident/incident: \_\_\_\_\_

Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Weather: \_\_\_\_\_

Location: \_\_\_\_\_

Field \_\_\_\_\_ Gym: \_\_\_\_\_ Club House: \_\_\_\_\_

Person(s) injured or involved in incident:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### **Nature of Injury/incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Treatment Received:**

Ice  AED  Band aide  Splint  Other \_\_\_\_\_

### **WITNESSES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **During which activity did the accident/incident occur? Check one**

Practice  Game  Meeting  Work Party  Concessions  Special Event

### **What piece of equipment, if any, was involved in accident/incident?**

\_\_\_\_\_

**Was there supervision at time of accident/incident?** Yes  No

By Whom: \_\_\_\_\_

### **What was injured person doing when injured?**

\_\_\_\_\_

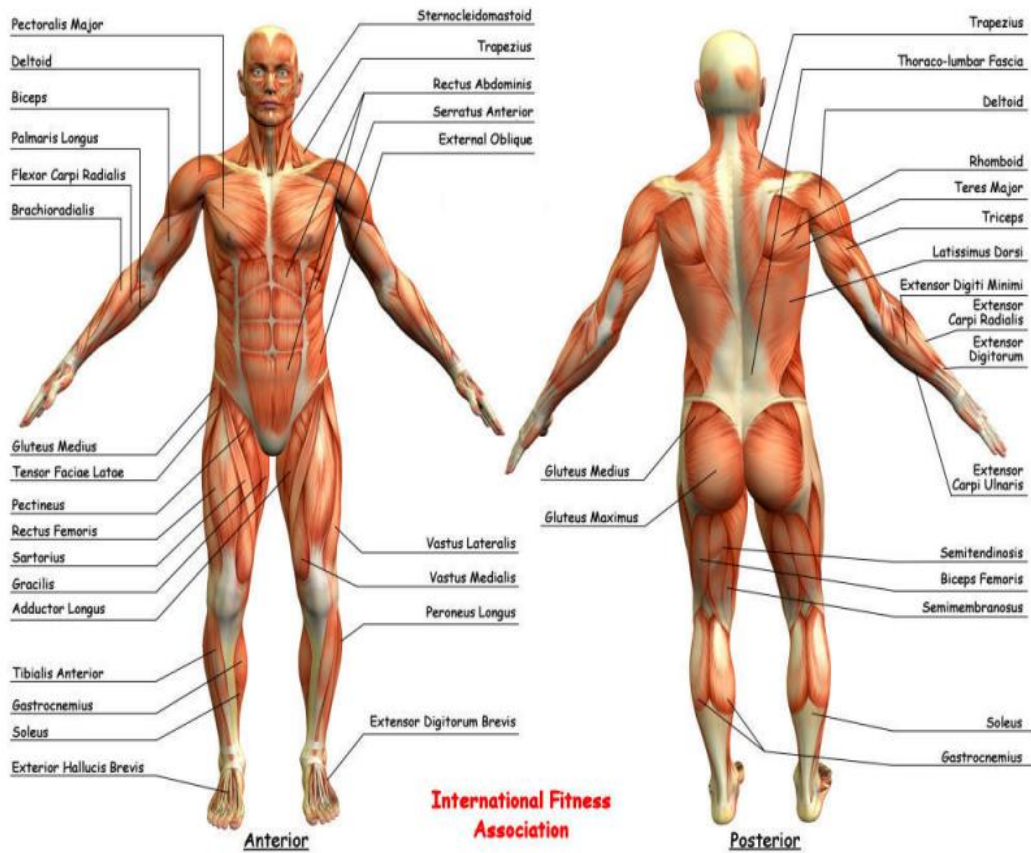
**Did victim disregard rules of coach?** Yes  No  **Explain:**

\_\_\_\_\_

**Type of suspected injury:** (circle) Fracture/ Burn/ Sprain/ Abrasion/ Dislocation/ Concussion/ Other

Mark on diagram below where injury is with an **X**

Enclosure (3)



**Specific description of accident/incident and treatment** (add additional sheet if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of person who accompanied injured person to medical assistance?** \_\_\_\_\_  
**Were Police/Fire Services notified and respond?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Responding Officer(s):** \_\_\_\_\_ **Police #:** \_\_\_\_\_  
**Was victim taken by ambulance?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Was parent(s) notified if a minor?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Time:** \_\_\_\_\_ **How:** \_\_\_\_\_  
**Who was victim released to:** \_\_\_\_\_ **Relation to victim:** \_\_\_\_\_  
**Person taking responsibility of victim, phone #?** \_\_\_\_\_

**Person's Signature Making Report:** \_\_\_\_\_ **Time Completed:** \_\_\_\_\_

**Received doctor note to return to play:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Date to return to play:** \_\_\_\_\_

**Enclosure (3)**