



INCIDENT REPORT

AFFECTED PARTY/PARTIES:

Athlete Coach Volunteer Spectator Other

AFFECTED PARTY PERSONAL INFORMATION:

First Name:

Last Name:

Date of Birth:

Gender:

Phone Number:

Email:

Address:

Street

City

Prov.

Post Code

Team Name:

Coach Name:

GUARDIAN/PARENT INFORMATION (if affected party is a minor):

First Name:

Last Name:

Phone Number:

Email:

Address:

Street

City

Prov.

Post Code



INCIDENT REPORT

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____ AM
PM

Date Reported: _____ Reported To: _____

Location of Incident
(Name of School, Gym #, etc)

Please detail where and when the incident occurred in detail (ex. while warming up for practice, during set 2 of match 3 of a tournament, etc.). Be sure to include if there was an injury, and if so, to which part of the body and how severe the injury appears to be. Has the affected person had a similar injury previously? Was there property/equipment damage?

If the incident involves any type of slip, fall, trip, etc. please include details on footwear and the condition of the floor (ex. was the floor wet or dry, were shoes tied, condition of treads on the shoes, etc.)



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WITNESS INFORMATION:

Witness #1:

Name:

Phone Number:

Witness #2:

Name:

Phone Number:

Witness #3:

Name:

Phone Number:

**Attach additional witness names and phone numbers on a separate sheet.
Please ask all witnesses to provide witness statements and include them with
this report.**

TREATMENT:

First Aid

Walk-In Clinic

Family Doctor

Emergency Room

Physiotherapy

Other (Describe Below)



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If you sought medical attention, please complete the following information.

MEDICAL PROFESSIONAL INFORMATION:

Date Medical Attention Sought:

Name of Medical Professional:

Address:

Street

City

Prov.

Post Code

Phone Number:

TREATMENT:

Please detail any information in relation to treatment, rehab, limitations, return-to-play, etc.

Treatment Update #1:

Date:



INCIDENT REPORT

Treatment Update #2:

Date:

Treatment Update #3:

Date:

Name of Individual Completing Report

Position/Title

Signature of Individual Completing Report

Date