



Accident / Incident / Medical Report

A. Name of Athlete / Volunteer:

(Please circle one)

Address: _____

Phone: _____

Club: _____

Head Coach: _____

Location of Incident: _____

Date and Time of Incident: _____

B. Nature of Incident (Including location and extent of one of the following 3 areas):

i) Injury: _____

OR

ii) Behavior: _____

OR

iii) Health Related (i.e. seizure, epilepsy): _____

C. Cause of Injury:

i) Briefly describe circumstances leading to injury: _____

ii) Was coach present or supervising? Yes ☐ No ☐

iii) Was anyone else involved? Yes ☐ No ☐

iv) If YES, who and how? _____



D. Treatment

i) Treatment administered: _____

ii) By Whom: _____

iii) Was athlete sent home? Yes ☐ No ☐

iv) If YES, how and with whom: _____

v) Was athlete sent to hospital? Yes ☐ No ☐

iv) If YES, how and with whom: _____

E. Who Was Contacted?

i) Was a doctor called? Yes ☐ No ☐

ii) If YES, name of doctor: _____

iii) Was athlete sent to a doctor? Yes ☐ No ☐

iv) If YES, name of doctor? _____

v) Was parent/guardian notified? Yes ☐ No ☐

vi) If YES, by whom? _____

vii) Was SONL notified? Yes ☐ No ☐

viii) If YES, who was notified and by whom? _____

F. List witnesses to accident:

G. Please add any further information which you consider important:

X

Assigned Coach

X

Athlete

X

Person Accompanying Athlete