Incident Report

IMPORTANT: Complete both sides of this report (Page 1 of 2)

Injured Person:	☐ Official	☐ Athlete	☐ Coach	☐ Spectator	☐ Volunteer	☐ Other:
Name:	First		Middle		Last	
	☐ Male	☐ Female		Date of Birth:		
Phone:				Email:		
Address:						

Parent / Guardian (If injured person is a minor - Under 16)

Name:	First	Middle	Last	☐ Male	☐ Female
Phone:			Email:		
Address:					

Name of Event:	
Event Location:	

Incident Information

Classification:	☐ Non-Injury		☐ Minor Injury		☐ Serious Injury	
Date:			Time:		am / pm	
Location:						
Type:	☐ Collision between:					
	☐ Struck by falling/flying object				☐ Animal/Insect bite/sting	
	☐ Slip/Fall				☐ Other	
Body Part:	☐ Head		☐ Eye	L / R	☐ Ear	L / R
	☐ Nose		☐ Tooth		☐ Neck	
	☐ Shoulder	L / R	☐ Wrist	L / R	☐ Finger	L / R
	☐ Back		☐ Knee	L / R	☐ Ankle	L / R
	☐ Internal		☐ No Injury		☐ Other:	
Primary Injury:	☐ Allergy		☐ Amputation		☐ Foreign Body	
	☐ Laceration		☐ Heat Exhaustion		☐ Hypertension	
	☐ Cold Injury		☐ Electrical Shock		☐ Strain / Sprain	
	☐ Abrasion		☐ Illness		☐ Dislocation	
	☐ Nausea		☐ Burn		☐ Fracture	
	☐ Pain		☐ Cardiac		☐ Contusion	
	☐ Seizures		☐ Concussion		☐ Sting / Bite	
	☐ Death		☐ Other:			

Incident Report

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Describe how the injury occurred:				
Disposition:	No care given:	☐ Patient refused	☐ Not required	
	Released:	☐ To parent	☐ To personal vehicle	☐ To other:
	Referral:	☐ To doctor	☐ To hospital/clinic	☐ Not required
	Ambulance:	☐ Required	☐ Patient requested	☐ Not required

Witness Information

Name: First Middle Last		☐ Male ☐ Female
Phone:	Email:	
Position:		
Name: First Middle Last		☐ Male ☐ Female
Phone:	Email:	
Position:		
Name: First Middle Last		☐ Male ☐ Female
Phone:	Email:	
Position:		

Person completing this report:

Name: First Middle Last		☐ Male ☐ Female
Phone:	Email:	
Position:	Signature:	

Send completed form to: