#### Competitive Club Teams – Incident Report Form

Date of Incident:                                                          Time of Incident:

Name of Injured Person:                                                 Age:                          Sex:

Address:                                                                         City:

Location of Incident:

Type of Activity:

                                                        (list sport, practice or competition)

Description of Incident:

Description of Injury:

Treatment Administered (First Aid/ice/CPR etc.) list all treatments and duration of treatments:

Treatment Administered by:

                                                                                                            (list all persons involved in treating injury)

List staff who witnessed the Incident:

Name:                                                                 Phone:

Name:                                                                 Phone:

Name:                                                                 Phone:

List other witnesses:

Name:                                                                 Phone:

Name:                                                                 Phone:

Was an Ambulance called? If yes, list time:

Was Campus Security called? If yes, list time:

Was further medical assistance recommended? Who recommended further treatment?

If victim went to hospital, list hospital, time and mode of transportation to hospital.

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Report written by:                                                        Time:

Signature: