



## Sport Injury / Accident Report Form

(Use only if not already provided)

Name of the Event: \_\_\_\_\_ Date: \_\_\_\_\_  
(month/day/year)

### Injured Person

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_  
(month/day/year) (area code)

Address: \_\_\_\_\_  
(street) (city) (prov.) (p.code)

Attended by:  MD Signature: \_\_\_\_\_  
 First Aid Attendant Signature: \_\_\_\_\_  
 Physiotherapist Signature: \_\_\_\_\_  
 Massage Therapist Signature: \_\_\_\_\_  
 Other \_\_\_\_\_ Signature: \_\_\_\_\_  
(please identify)

Sport Injury / Accident \_\_\_\_\_

New Injury  Re-Injury

Treatment: \_\_\_\_\_

Further assessment advised?  Yes  No

Emergency Transportation:  Yes  No

If yes, by what means (e.g. Ambulance; Parent; Coach) \_\_\_\_\_

### Event Committee Signature (only one required)

Event Medical Coord: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Or

Event Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Retain a copy for the Event Files – recommended that this be retained for 3 years**

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For Information: BC Athletics, 3820 Cessna Dr, Ste 120, Richmond, BC V7A 0B2

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