**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  
- [ ] First Aid Attendant  
- [ ] Physiotherapist  
- [ ] Massage Therapist  
- [ ] Other ____________________________________  
  *(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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