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 (please identify) Signature: ____________________________

Sport Injury / Accident Details (please describe what took place / cause the accident or injury)

☐ New Injury ☐ Re-Injury

Treatment:

Further assessment advised? ☐ Yes ☐ No

Emergency Transportation: ☐ Yes ☐ No

If yes, by what means (i.e. 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

For Information: BC Athletics, 3713 Kensington Avenue, Ste. 2001-B, Burnaby, BC V5B 0A7 General Office Ph: 604-333-3550 Email: bcathletics@bcathletics.org