

## Figure 2: Incident Report Form



Injured Last Name    First    Middle	Telephone	Gender
Address		
Date of Incident    Time of Incident	Date of Birth	
Injured person (circle one) athlete, official, coach, parent, volunteer, other: <i>specify</i>	Event (circle one) Meet Club practice	

Parent/ Guardian (If injured person is a minor)

Name(s)	Telephone
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Incident Information ( attach any photos or video(s) as available)

Description of incident			
Location of incident	Care given and by whom:	Outcome (first aid only, taken to hospital, refused care, taken to clinic, picked up by guardian)	Followed up needed (Y or N)

### Witness Information

Name	Address	Telephone Number

Person completing this form

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_