

APPENDIX 7 — SAMPLE ACCIDENT REPORT FORM

Date of Report: _____ / _____ / _____
 dd mm yyyy

PATIENT INFORMATION

LAST NAME:		FIRST NAME:	
STREET ADDRESS:		CITY:	
POSTAL CODE:		PHONE: ()	
EMAIL:		AGE:	
SEX: ___M ___F	HEIGHT: _____ WEIGHT: _____	DOB: _____ / _____ / _____ dd / mm / yyyy	
KNOWN MEDICAL CONDITIONS/ALLERGIES:			

INCIDENT INFORMATION

DATE & TIME OF INCIDENT: _____ / _____ / _____ _____ : _____ AM/PM dd / mm / yyyy	TIME OF FIRST INTERVENTION: _____ : _____ AM/PM	TIME OF MEDICAL SUPPORT ARRIVAL: _____ : _____ AM/PM
CHARGE PERSON, DESCRIBE THE INCIDENT: (what took place, where it took place, what were the signs and symptoms of the patient)		
PATIENT, DESCRIBE THE INCIDENT: (see above)		
EVENT and CONDITIONS: (what was the event during which the incident took place, location of incident, surface quality, light, weather, etc.):		
ACTIONS TAKEN/INTERVENTION:		
After treatment, the patient was:		
<input type="checkbox"/> Sent home <input type="checkbox"/> Sent to hospital/a clinic <input type="checkbox"/> Returned to activity		

OVER...

Sample Accident Report Form (cont'd)

CHARGE PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
EMAIL:	AGE:
ROLE (Coach, assistant, parent, official, bystander, therapist):	

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
EMAIL:	AGE:

OTHER COMMENTS OR REMARKS

FORM COMPLETED BY:

PRINT NAME: _____ **SIGNATURE:** _____