

Incident Report Form

Patient / Member Name

Gender

Height (if known)

Weight (if known)

Date of Birth or Age

Known Medical Conditions, Allergies or Previous Incidents or Reprimands

INCIDENT DETAILS

Date of Incident

Time of Incident

Time of First
Intervention

Time Medical
Support Arrived

CHARGE PERSON: Describe the incident (what took place, where did it happened, signs and symptoms of the patient if medical / health incident, etc.)

Describe the events or conditions (what event was occurring when the incident took place, incident location, surface quality, weather conditions, etc.)

Describe the Actions or Intervention taken

After Treatment, the patient was:

Sent Home/Hotel Room

Sent to Hospital/Clinic

Returned to Activity

Caution Given

Removed from Participation

Other

Charge Person's Name

Role
(Coach, Official, Spectator, etc.)

Age

Address, City, PC, Phone

E-mail

Witness's Name

E-mail

Address, City, PC, Phone

Include any additional comments

Report Completion Date

Charge Person's Signature