



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 _____ Signature: _____
(please identify)

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