



Sport Accident/Incident Report Form
(Use only if alternative is not provided)

Name of the Event: _____

Event Location: _____ Event Date: _____
(month/day/year)

Injured Person

Last Name: _____ First Name: _____

Date of Birth: _____ Ph: (____) _____
(month/day/year)

Address: _____
(street) (city) (prov./terr.) (postal 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) _____

Over →

Event Committee Signature (only one required)

Event Medical Coordinator: Signature: _____

Phone: (____) _____

Date: _____
(month/day/year)

Or

Event Director: _____

Signature: _____

Phone: (____) _____

Date: _____
(month/day/year)

*** Return the Completed Incident/Sport Accident Report Forms to BC Athletics:
Email: bcathletics@bcathletics.org**

*** Club/Organization: Retain a copy for the Event Files – recommended that this be retained for 3 years**

For Information:

BC Athletics, 3713 Kensington Avenue, Ste. 2001B, Burnaby, BC V5B 0A7

General Office Ph: 604-333-3550

Email: bcathletics@bcathletics.org