Accident/Incident Report

Participant Information (Injured Person)	
Last Name	First Name
Age	Phone Number
Parent or Guardian (if Under age of 18)	Contacted Y/N, by who, when
Incident Description	
Date and Time of Incident	Date and Time of Medical Intervention (if applicable)
Was First Aid Offered Y/N	Was 911 Called Y/N
Designated Person Describe the Incident: (what happened, where did it happen, signs and symptoms of Injured Person, including what actions were taken i.e. first aid, 911, other)	
After treatment the Injured Person was: (*__Participant cannot return to play if concussion suspected__):	A. Sent home B. Sent to hospital or clinic C. Returned to activity*
Witness Information (other than the Designated Person)	Name Phone Number
Comments or Remarks	
Form Completed By (Print Name) Designated Person, Convenor, Other (specify role)	Signature

To be completed by the appropriate Convenor present or any Designated Person present if Injured Person is Under 26 Years of Age, or if 911 is called, or at the discretion of any Club Member present for any other Accident or Injury at the BDCC

- Take photo of completed Form and send to Club President
- Place completed original Form back in First Aid kit for Board member to File