

## SPECIAL OLYMPICS MANITOBA Incident Report Form

For the purpose of insurance, all incidents must be reported to the Special Olympics Manitoba office. Special Olympics Manitoba is not liable for any expenses incurred as a result of any accident, and the information provided on the 'Incident Report Form' will be forwarded to the insurance company's claim department.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Club: \_\_\_\_\_ Coach: \_\_\_\_\_

Location of Accident: \_\_\_\_\_ Date & Time of Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Type of injury (describe nature, location, extent): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Cause of injury (briefly describe circumstances leading to injury):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Epilepsy - seizure activity (describe incident):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Behaviour (describe incident):

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5. Was a coach present and supervising? Yes ☐ No ☐ Was profile available? Yes ☐ No ☐

6. Was anyone else involved? Yes ☐ No ☐

If yes, who and how?

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7. Treatment administered:

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8. Was athlete sent home? If yes, how and with whom?

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9. Athlete sent to hospital? If yes, how and with whom?

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10. Was doctor called? Yes ☐ No ☐ If so, Name: \_\_\_\_\_

Phone: \_\_\_\_\_

11. Was athlete sent to doctor? Yes ☐ No ☐

12. Was parent/guardian notified? Yes ☐ No ☐

➤ If yes, by whom? \_\_\_\_\_

13. Was SOM notified? Yes ☐ No ☐

➤ If yes, by whom? \_\_\_\_\_

14. List witnesses to accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please add any further information which you consider important:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Follow up required? Yes \_\_\_\_ No \_\_\_\_ By whom? SOM      Coach \_\_\_\_

Name of Assigned Coach: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Attending Athlete: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_