

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):

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?

7. Treatment administered:

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

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

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: _____