

RHSC Injury Report Form

Date of Injury: _____ Place of Injury: _____

Name of Injured: _____ Age: _____ Sex: _____

Address: _____

City: _____

Association with: _____
(e.g., spectator, coach, athlete)

Location/Description of Injury: _____

Description of Circumstances: _____

=====
Action Taken: (check all that apply)
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a) None Required _____ b) Injured Refused Treatment _____

c) Parent(s) called at _____ am / pm Caller: _____

d) First Aid given by: _____
Describe: _____
use back of page additional info.

e) Ambulance called at _____ am / pm Caller: _____
Injured taken _____ to:
_____ Via: _____

f) Others Notified: _____ at _____ am / pm
Caller: _____

Witnesses 1) Phone: _____
2) Phone: _____

Date of Report: _____

Prepared by: _____

Signature: _____

Complete this form if an ice pack is cracked.
Please contact TORI-KATE DAVIS @ 350-8655 tk_davis@hotmail.com with in 2 hours of incident.
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