

BC TIGERS GAME / PRACTICE ACCIDENT / INCIDENT REPORT FORM

Please complete this form within 24 hours and email to bctigers@gmail.com or call / text to 604 240 9742

(TO BE USED FOR MEDICAL/DISCIPLINE/CHILD PROTECTION ISSUES)

BC TIGERS TEAM NAME:	COACH / MANAGERS NAME
VENUE OF ACCIDENT/INCIDENT	NAME OF INJURED PERSON
TIME OF ACCIDENT/INCIDENT	ADDRESS OF INJURED PERSON
NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT	
NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY	
DETAILS LEADING UP TO ACCIDENT/INCIDENT	
DETAILS OF ALL CLUB MEMBERS INVOLVED	
DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT	
WERE ANY OF THE FOLLOWING CONTACTED?	
Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Parent/Guardian/Carer <input type="checkbox"/> Doctor <input type="checkbox"/>	
ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT	
Signed: _____ Name of Coach _____ Date _____	
Signed: _____ Name of First Aider _____ Date _____	