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. Behavior (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? (how and with whom?)_____

_____

_____

_____

9. Athlete sent to hospital? (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____

Signature: _____ Date: _____
(assigned coach)

Signature: _____ Date: _____
(person attending athlete)