

**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)