



SPECIAL OLYMPICS MANITOBA
INCIDENT REPORT FORM (Medical)



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
Club: \_\_\_\_\_ Coach: \_\_\_\_\_
Location of Accident: \_\_\_\_\_
Date and 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 medical card 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 number: \_\_\_\_\_

11. Was athlete sent to doctor? [ ] Yes [ ] No

12. Was parent/guardian notified? [ ] Yes [ ] No

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? \_\_\_\_\_

Signature (assigned coach) \_\_\_\_\_ Date \_\_\_\_\_

Signature(person attending athlete) \_\_\_\_\_ Date \_\_\_\_\_