

|  |
| --- |
| **INCIDENT REPORT FORM** |

Use this form to report any accident, injury, incident, close call or illness that occurs during any programming or events held by Alberta Cerebral Palsy Sports Association, to document the incident and assist with any investigations,

**Please complete this form within 24 hours of the incident and submit the completed form to an ACPSA staff.**

PERSON COMPLETING REPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is documenting an:**

Injury Confrontation Damage to Property Illness

Did an injury or illness occur that required First Aid treatment?

Yes No

If yes, who provide the First Aid treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did an incident occur that required an Emergency Responder (ambulance, paramedics, police)?

Yes No

In case of illness or injury, was the Emergency Contact for the individual contacted?

Yes No

If damage to property occurred, was this reported to the facility managers on site?

Yes No

**Details of Incident**

PERSON INVOLVED/INJURED:

Participant      Official        Coach      Volunteer      Spectator    Staff

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECOND PERSON INVOLVED/INJURED (if needed)

Participant      Official        Coach      Volunteer      Spectator    Staff

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCIDENT DETAILS:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF INCIDENT (program/event incident happened at, describe tasks being performed, sequence of events that were seen and heard, type of injury/illness)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

\*If more room is needed, please use the back of this page

|  |
| --- |
| Signature of Person Completing this form |
| Signature of ACPSA Staff who receives completed form |