



ACCIDENT AND INJURY REPORT

Reporting Party Information

First Name _____ Affiliated Club/Organization _____
Last Name _____ Phone _____
Title _____ Email _____

Injured Party Information

First Name _____ Address _____
Last Name _____ City _____
Phone _____ Postal Code _____
Email _____ Date of Birth _____
Gender _____ CASSA# _____
Affiliated Club/Organization _____

Accident or Injury Information

Date _____ Time _____ Facility Name _____
Address _____ City/Province _____

Location on site (Be specific) _____

Activity at the time of accident _____

Activity Supervisor at the time of accident or injury _____

Was the activity sanctioned/approved? YES / NO

Describe the Accident and injury and include affected body parts (specify R or L) _____

On Site Care Given by what specialist? _____

Name of person giving care _____

What care was given on site _____

Parent/Guardian notified? YES / NO

Taken to Clinic/Hospital? YES / NO If yes, Location? _____

Care refused by Injured? YES / NO

If yes, Signature of Injured or Guardian if under 18 years of age _____

Health Insurance Information

Do you have provincial Health Coverage? YES / NO

Do you have other insurance? YES / NO

If yes, please provide name of insurance company _____

Witnesses

Please include names of two (2) witnesses and attach the completed witness reports:

First Name _____ First Name _____

Last Name _____ Last Name _____

Phone _____ Phone _____

Email _____ Email _____

Signature

Date

Date created July 15, 2015	Review date	Date approved July 18, 2015
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WITNESS ACCIDENT AND INJURY REPORT

Witness Information

First Name _____ Affiliated Club/Organization _____
Last Name _____ Phone _____
Title _____ Email _____

Injured Party Information

First Name _____ Last Name _____
Gender _____ Affiliated Club/Organization _____

Accident or Injury Information

Date _____ Time _____ Facility Name _____

Address _____ City/Province _____

Location on site (Be specific) _____

Activity at the time of accident _____

Activity Supervisor at the time of accident or injury _____

Describe the Accident and injury and include affected body parts (specify R or L) _____

On Site Care Given by what specialist? _____

Name of person giving care _____

What care was given on site _____

Taken to Clinic/Hospital? YES / NO If yes, Location? _____

Care refused by Injured? YES / NO

Signature

Date

Date created July 15, 2015	Review date	Date approved July 18, 2015
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