



INJURY INCIDENT REPORT

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE NO: _____

DATE OF BIRTH: _____ SEX: _____ MALE _____ FEMALE

1. Date of Accident: _____

2. Full Details of Accident:

3. What injuries were sustained?

4. Name of Attending Coach:

5. Name and Phone# of Family Physician: _____

6. Was Skater able to return to ice session? Yes _____ No _____

7. Was treatment required by a Physician? Yes _____ No _____

8. If yes date of Medical Attention: _____

SAFETY COORDINATOR TO FILL IN

1. Date of follow-up: _____

2. Date Skater was able to return to ice session: _____

3. Was written consent given if Medical Attention was required? Yes _____ No _____

4. If yes attach a copy of the written consent to this form.

5. Was Chartis Claimant's Statement filled out? Yes _____ No _____

6. Was Physician's Statement filled out? Yes _____ No _____

7. Date Claim was filed with BFL Canada: _____