Last Name of Injured Member

2017 Volleyball BC Injury Report Form

*Provide assistance first before/during completion of this form. This report enables us to track injuries to improve staff training and injury reduction. It is also intended as a communication to legal counsel for Volleyball BC so the facts, impressions, and conclusions in the report are subject to the attorney client privilege.* ***DO NOT GIVE OUT COPIES***

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident |  | Time of Incident |  |
| Date Form Completed |  | Form Completed By |  |

**Injured Member**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | Email Address | | |  | |
| Phone |  | | | | | Address | | |  | |
| Medications | | | Yes No | | If yes, list | |  | | | |
| Medical Conditions | | | Yes No | | If yes, list | |  | | | |
| Physician’s Name | |  | | | | | | Physician’s Phone | |  |
| Last Meal (time & amount) | | | |  | | | | | | |

**Description of Incident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Activity |  | | Location |  |
| Specific Injury |  | | Equipment Used |  |
| Description of Incident | |  | | |
| Additional Comments  (use quotation marks) | |  | | |

**First Aid Treatment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Aid Responder |  | | Method of Transportation |  |
| First Aid Kit (items used) | |  | | |
| First Aid Action Taken | |  | | | |

**Volleyball BC Response**

|  |  |
| --- | --- |
| Apparant Cause of Injury |  |
| Future Prevention |  |
| Injured is Seeking Compensation | Yes No |
| Additional Comments |  |