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 |       |