

Last Name of Injured Member

2019 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list					
Medical Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Comments						