



Incident/Injury Report Form

*Within 24 hours of Incident /Injury ...
PLEASE complete both sides of the form and
Fax to Facility Scheduling @ 490-4421 or e-mail wambola@halifax.ca*

General Information -Person(s) involved - PLEASE PRINT

Last Name: _____ First Name: _____ Gender: _____
Age (up to 19 yrs): _____

Address: _____ Phone Number(s): _____

Physical Location - where incident occurred - PLEASE PRINT

Sport Facility Name: _____ Address of Sport Facility: _____

Physical location – Describe the area on the field, in the building, etc. where the incident /injury happened:

Date & Time of Incident - PLEASE PRINT

Date of Accident/Injury: _____ Time of Accident/Injury: _____

Date Accident/Injury Reported: _____ Time Accident/Injury Reported: _____

Description of Incident/Injury – PLEASE PRINT

How Incident /Injury Occurred - please add sport being played:

Injury(s) – Detail location on body and type of injury(s):

Description of First Aid Administered:

Damage to property; fields, buildings, etc. - please provide as much information as possible:

Other:

Ambulance called: ___ Yes ___ No ___ Unknown ___ N/A

Medical Aid required: ___ Yes ___ No ___ Unknown ___ N/A

Witnesses to the Incident/Injury - PLEASE PRINT

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

