

Emergency Plan / Accident Report Form

EMERGENCY INFORMATION: TEAM / EVENT: DATE / TIME OF INCIDENT: D / M / Y / TIME **CONTACTS:** SITE: **PERSON IN CHARGE: EMERGENCY CONTACT NUMBER** NAME OF INJURED PERSON **AMBULANCE ADDRESS POSTAL CODE / ZIP** POLICE **FAMILY DOCTOR HEALTH INSURANCE #** FIRE DEPARTMENT PRACTICE GAME HOSPITAL **NATURE OF INJURY FACILITY** FIRST AID GIVEN? BY WHOM? **NOTES HOW INJURY OCCURRED?** — WERE PARENTS CONTACTED? SENT TO DOCTOR? **SENT TO TRAINER?** NAME OF COACH **COACH'S SIGNATURE** NAME OF PARENT **PARENT'S SIGNATURE** NAME OF EMERGENCY ATTENDANT **EMERGENCY ATTENDANT'S SIGNATURE**

