

Squash BC Event Incident Report

Event: _____

Date: _____

Injured Person

Last Name: _____

First Name: _____

Date of Birth: _____

Parent Name (if U19): _____

Phone: (____) _____

Email: _____

Address: _____

Attended by

Name: _____

Contact Information: _____

MD

Signature: _____

Tournament First Aid Representative

Signature: _____

Other Medical Professional

Signature: _____

Other _____ (please identify)

Signature: _____

Description of Injury: _____

Injury Status: New Injury Re-Injury

Treatment Given: _____

Further assessment advised? Yes No

Emergency Transportation Called: Yes No

If yes, by what means (e.g. Ambulance; Parent; Coach) _____

Tournament Director, Referee, or Safe Sport Representative Signature (only one required)

Name: _____

Role: _____

Signature: _____

Date: _____

Please forward all completed Incident Reports by email to office@squashbc.com