

**FLAMES HOMESCHOOL SPORTS INCIDENT REPORT FORM**

COACH COMPLETES

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

Coach: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Who was injured person? (circle one) Player Spectator Coach

Type of injury: \_\_\_\_\_

Details of incident and injury (use back of sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Parent Present? Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Concussion protocols followed? \_\_\_\_\_

Emergency medical technicians or fire rescue called to scene (911)? Yes \_\_\_\_\_ No \_\_\_\_\_

Who called 911? \_\_\_\_\_

Injury requires transport by first responders? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of physician/hospital:

Physician/hospital phone number:

\_\_\_\_\_

Name and Signature of Coach completing this report                      Date

Provide this form to the Flames Athletic Director within 24 hours of incident.

COMPLETED BY ATHLETIC DIRECTOR

Injured person's address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Insurer and Policy Number: \_\_\_\_\_

Filed Claim with Flames?: Y N