

Accident/Incident Report

This form should be completed for all accidents, injuries and incidents in which SOE athletes, volunteers, parents, and community members are involved. Please complete this report to the best of your ability. If completing this report by hand, please drop off the report to office.

It is recommended that you complete this form electronically. You will have an opportunity to review your submission prior to submitting it on line. Please remember to be objective and not subjective when completing the form. (I saw; I heard, I was told by are examples of objective statements, whereas I think, I feel, I believe are subjective statements.)

A. REPORT INFORMATION

1. Information pertaining to the incident:

- Behavior Incident
- Minor Medical Emergency
- Major Medical Emergency
- Physical Injury requiring little to no First Aid
- Property/ Environmental Damage
- Theft
- Code of Conduct Violation
- Improper/Inappropriate Conduct
- Incident with General Public
- Assault
- Missing Athlete

2. Date and Time: _____

3. Report Completed by:

4. Phone Number: _____

5. Email: _____

6. Position/Title: _____



E: CONCLUSIONS/ACTIONS TAKEN

Action or Treatment taken:

2. Was the Police or Ambulance contacted ___yes ___no
What is the Badge Number, File Number, or Names of Officers/EMS
PERSONNEL?

3. Was Parents/Guardians/Care givers Notified? ___yes ___no
Who and date/time

4. Was the Special Olympics Edmonton Office Contacted? ___yes ___no
Date/time: _____ How was office contacted

I affirm that I have read the above statement and the information I have given is true and complete.

Type/sign Name

Date and time