



Canadian Baton Twirling Federation

La Fédération Canadienne de Baton Sportif

ACCIDENT/INJURY REPORT

DATE: _____, 20__ TIME: _____ a.m. _____ p.m.
EVENT: _____ LOCATION: _____

NAME OF PERSON TREATED: _____

ADDRESS: _____ TELEPHONE: _____

CLUB ASSOCIATION: _____

AGE: _____ MALE or FEMALE (circle)

THIS PERSON IS: (circle)

ATHLETE COACH JUDGE VOLUNTEER SPECTATOR

COMPETITION OFFICIAL OTHER: _____

EXPLAIN IN DETAIL HOW THE ACCIDENT/INJURY OCCURRED:

(use back of form if necessary)

EXPLAIN IN DETAIL WHERE THE ACCIDENT/INJURY OCCURRED:

(e.g. Practice Gym, viewing stands, etc.)

DESCRIBE THE INJURY: _____

HOW WAS THE INJURY TREATED:

WAS FURTHER MEDICAL ATTENTION REQUIRED: YES or NO (circle)

If yes, please explain:

WAS THERE ANY PROPERTY DAMAGE: YES or NO (circle)

If yes, please describe what was broken and how did damage occur:

WHETHER PERSONAL INJURY OR PROPERTY DAMAGE, PLEASE DESCRIBE PREMISES AND SURROUNDING AREA:

(e.g. lighting, indoor or outdoor, weather, crowded, state of housekeeping, athlete's area cluttered)

NAME AND PHONE NUMBER OF ANY WITNESSES:

CONTACTED: (circle)

AMBULANCE 911 POLICE PARENTS OTHER: _____

Please contact the Event Co-ordinator if the following applies:

- a) Person is unable to continue participation in the event;
- b) Person is able to continue participation in the event but requires usage of a tensor, tape, etc.

If this person was able to continue and returned for further treatment, please list each visit on the reverse including: treatment given and any changes to the injury.

EVENT CO-ORDINATOR'S SIGNATURE: _____

ATTENDING MEDICAL PERSONNEL'S SIGNATURE: _____

CERTIFICATION: _____

PLEASE RETURN ALL FORMS TO THE EVENT CO-ORDINATOR AT THE COMPLETION OF THE EVENT.