



## LMBA Accident Report Form

DATE OF REPORT \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD / MM / YYYY)

### PATIENT INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE (    )
E-MAIL:	AGE:
SEX: M _____ F _____	HEIGHT: _____ WEIGHT: _____
BC CARE CARD #:	DOB: _____/_____/_____

### INCIDENT INFORMATION

DATE & TIME OF INCIDENT: _____ AM/PM _____/_____/_____ DD / MM / YYYY	TIME OF 1ST INTERVENTION: _____ AM/PM
TIME OF MEDICAL SUPPORT ARRIVAL: _____ AM/PM	CHARGE PERSON:
CHARGE PERSON, DESCRIBE THE INCIDENT (what took place, where it took place, what were the signs and symptoms of the patient)	

EVENT & CONDITIONS (what was the event during which the incident took place, location of incident, light, weather, etc....)

ACTIONS TAKEN / INTERVENTION:

After treatment, the patient was: (A) Left property/Game (B) Sent to hospital / a clinic (C) Returned to activity

CUSTODY OF INJURED ATHLETE (If Box A or Box B is checked above, who was the injured athlete released in to custody with?)

CHARGE PERSON INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

POASTAL CODE:

PHONE ( )

E-MAIL:

AGE:

ROLE (Coach, assistant, parent, official, bystander, therapist, etc...)

WITNESS INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

POASTAL CODE:

PHONE ( )

E-MAIL:

AGE:

PATIENT, DESCRIBE THE INCIDENT (see above)

FORM COMPLETED BY:

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_