[INSERT ORGANIZATION LOGO]

CONCUSSION INCIDENT FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INCIDENT REPORT FORM** | | | | | | |
| **Participant Information** | | | | Date: | | |
| Last Name: | | | | First Name: | | |
| Phone: | | | | Email: | | |
| Gender Identity: Man | Woman |  | re | Prefer to Self-describe as | Date of Birth: | |
| Address: | | | | | | |
| Known medical conditions/allergies: | | | | | | |
| **INCIDENT INFORMATION REPORT** | | | | | | |
| Date of incident: | |  | | | | |
| Time of first intervention: | |  | | | | |
| Time of medical support: | |  | | | | |
| Describe the incident (what took place, where it took place, what were the signs and symptoms of the injured person): | | | | | | |
| Event and Conditions (what was the event during which the incident took place, location of incident, conditions, weather, etc): | | | | | | |
| Actions Taken/Intervention: | | | | | | |
| After intervention, the individual was: | | Sent home | | | Sent to hospital | Returned to activity |
| Form completed by: |  | | | | | |
| Print | | | | | | |
|  |  | | | | | |
| Date | Signature | | | | | |

Information provided in this form will remain private and confidential.

COMPLETED FORMS MUST BE SUBMITTED TO [INSERT ORGANIZATION NAME]

[**[INSERT**](mailto:info@biathloncanada.ca) **ORGANIZATION EMAIL ADDRESS]**