**ACCIDENT & INCIDENT REPORT FORM (form SF-6)**

|  |  |  |  |  |  |  |  |  |
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| **ACCIDENT REPORT FORM** | | | | | | | | |
| **Patient Information** | | | | Date: | | | | |
| Last Name: | | | | | First Name: | | | |
| Address: | | | | | | | | |
| City: | | | | | | Postal Code: | | |
| Mobile: | | | | Home Phone: | | | | |
| Gender Male Female | | | | Age | | | Height | Weight |
| Known medical conditions | | | | | | | | |
| **INCIDENT INFORMATION REPORT** | | | | | | | | |
| Date & time of incident: | | |  | | | | | |
| Time of first intervention: | | |  | | | | | |
| Time of medical support arrival: | | |  | | | | | |
| Describe the incident (person in charge version) | | | | | | | | |
| Event & Conditions: (name the event when the incident took place, the location, surface quality, light, weather): | | | | | | | | |
| Actions Taken: | | | | | | | | |
| After Treatment, the patient was: | | a) sent home | | | | | | |
|  | | b) sent to hospital | | | | | | |
|  | | c) back on the ice | | | | | | |
| Form completed by [print] |  | | | | | | | |
| Date | Signature | | | | | | | |