ARMEL ATANGANA ATHLETIC PERFORMANCE AND WELLNESS CENTER

INCIDENT / INJURY REPORT FORM

Complete this form as soon as reasonably possible after any injury, suspected concussion, medical event, unsafe incident, or other occurrence that may require follow-up. Record facts objectively; do not speculate about diagnosis, fault, or legal responsibility.

1. INCIDENT INFORMATION

Date of incident: _____ Time: _____

Program / activity: _____

Location: _____

Coach / staff member present: _____

Person completing report: _____

Date report completed: _____

2. PARTICIPANT INFORMATION

Participant name: _____

Date of birth / age: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Emergency contact: _____

Emergency phone: _____

3. TYPE OF INCIDENT

- ■ Injury
- ■ Illness / medical event
- ■ Collision / contact
- ■ Unsafe condition
- ■ Suspected concussion / head injury
- ■ Fall
- ■ Equipment-related
- ■ Other: _____

4. WHAT HAPPENED? — FACTUAL DESCRIPTION

Describe what was observed before, during and immediately after the incident. Include activity being performed, position/location, equipment involved, contact with another participant if applicable, and sequence of events.

_____

_____

_____

_____

_____

5. OBSERVED INJURY / SYMPTOMS

- ■ Pain
- ■ Bleeding
- ■ Loss of consciousness
- ■ Swelling
- ■ Reduced movement
- ■ Dizziness / balance issue

■ Headache ■ Nausea / vomiting

■ Confusion / unusual behaviour ■ Other: _____

Body part / area affected: _____

Visible signs observed: _____

Participant's own description of symptoms: _____

6. IMMEDIATE ACTIONS TAKEN

■ Activity stopped ■ Participant removed from activity

■ First aid provided ■ Ice / basic care provided

■ Parent/guardian contacted ■ Emergency contact contacted

■ EMS / 911 contacted ■ Medical evaluation recommended

■ Participant transported for medical care ■ Other: _____

First aid / care provided by: _____

Time parent/guardian contacted: _____

Time emergency services contacted (if applicable): _____

Destination / health-care facility (if applicable): _____

7. CONCUSSION / HEAD-INJURY FOLLOW-UP

If a head injury or suspected concussion occurred, follow the organization's concussion-management and return-to-play procedures. Do not record a medical diagnosis unless it was provided by a qualified health-care professional.

■ Possible head injury observed ■ Participant removed immediately

■ Parent/guardian notified ■ Medical assessment recommended

■ Return-to-play restrictions communicated ■ Follow-up required

8. WITNESSES

Witness 1: Name: _____ Phone/email: _____

Witness 2: Name: _____ Phone/email: _____

9. FOLLOW-UP / CORRECTIVE ACTION

Note any equipment issue, facility condition, procedural issue, follow-up contact, documentation received, or safety improvement identified. Avoid assigning blame.

_____

_____

_____

_____

10. SIGN-OFF

Completed by — signature: _____

Printed name / role: _____

Date: _____

Parent/Guardian acknowledgement (if applicable):	_____
Signature:	_____
Date:	_____

Internal record: Store this report securely with other incident/participant records and provide information to the insurer, facility, parent/guardian, or authorities only when appropriate and permitted/required.