**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 |