



PRELIMINARY ACCIDENT REPORT

(For TFSA use only)

TEAM: _____ COACH: _____

NAME (Injured person): _____

DATE OF INJURY: _____ TIME OF INJURY: _____

INJURED'S ADDRESS: _____

INJURED'S PHONE: _____ FIELD WHERE INJURED: _____

Treatment administered (Please check all that apply):

<input type="checkbox"/>	No treatment needed	<input type="checkbox"/>	First aid at field	<input type="checkbox"/>	To doctor	<input type="checkbox"/>	To Hospital
Name of Doctor and/or Hospital: _____							
Other (explain): _____							

Type of accident and injury (describe in detail):

Were other players involved? _____ If so who(m)? _____

Weather conditions: _____

Field conditions: _____

Was safety gear being worn (describe)? _____

Was the injured person's parent notified of the accident? _____

If so, who? _____

This form prepared by: _____ Signature: _____

.....
This form is for TFSA purposes only. When an accident occurs obtain as much information as possible. Use the back of this form if you need more space to include more details. Complete this form and submit to a TFSA Board member.

THE PURPOSE OF THIS FORM IS TO ESTABLISH A DOCUMENTED RECORD OF ALL ACCIDENTS AND PROVIDE TFSA WITH PERTINENT INFORMATION.

