



**Special Olympics**  
British Columbia

# MEDICAL INCIDENT REPORT FORM

NAME: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

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DESCRIPTION OF ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

DESCRIPTION OF INJURY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOLLOW UP ACTION NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

POSITION: \_\_\_\_\_