

LAST NAME: _____
DATE: _____
TYPE OF INCIDENT: _____

Rowing Prince Edward Island

INCIDENT REPORT FORM

This form is to be completed by the main staff/volunteer who dealt with the situation whenever there is an incident which could include accidents with or without injury as well as facility or behaviour related incidents. When completing this form only include an actual factual description of the incident without assumptions or conclusions as to cause or responsibilities. Attach extra sheets if needed.
Forms should be completed within 24 hours and submitted to the President of Rowing Prince Edward Island. Remember they are considered confidential and will be kept secure.

Person Involved

Name: _____ Program: _____

Parent Name if minor: _____

Address: _____ Age: _____

Phone: _____ E-Mail: _____

If second person involved in same incident (i.e. conflict)

Name: _____ Program: _____

Parent Name if minor: _____

Address: _____ Age: _____

Phone: _____ E-Mail: _____

Day & Date of Incident: _____ Time: _____ am/pm

Type of incident: _____ Program occurring at time of incident: _____

Where did the incident occur?

Please describe the incident. State only the facts that you are sure of at the time. Include a description of the weather, visibility, and any other external factors. Attach drawings, diagrams and photographs if these will aid in the description.

What was done to assist or respond to the incident and by whom?

If medically related, was person advised to seek medical assessment: _____

If Suspected Concussion, either disclosed or through incident, did the following take place?

- Ensured safe transportation to medical assistance
- Informed individual they are required to tell any other school or sport organization their status
- Given information on Removal and Return to Sport

Was 911 called? YES NO

Police - Badge Number: _____ Name: _____

Ambulance - Badge Number: _____ Name: _____

Fire Unit Number: _____ Name: _____

Other Information from EMS Agencies:

List witnesses

(If not members or participants please include address, use separate paper if needed for additional).

Name: _____

Phone: _____ E-Mail: _____

Name: _____

Phone: _____ E-Mail: _____



Person Completing Report: (print) _____

Signature:

Date:

Please ensure reports are completed within 24 hours of the incident and get forwarded to the President of Rowing Prince Edward Island.

**Rowing Prince Edward Island
INCIDENT REPORT FOLLOW UP FORM**

*This form is to be completed by the main staff/volunteer who followed up with the individual.
Attach extra sheets if needed.
This should be kept with the original incident report form in a secure location.*

Person Involved

Name: _____ Program: _____

Parent/Guardian Name if Minor: _____

Phone: _____ E-Mail: _____

Date of Original Incident: _____

Date of Follow up: _____

Type of Connection (phone, email, in person): _____

Name of Person contacted for follow up: _____

Describe the update given following the incident or any information from the individual about the incident. (Note if removed for a suspected concussion participant needs to clarify their medical diagnosis and provide a written medical clearance before returning as per concussion procedures.)

Is any further follow up with the individual needed? If yes describe what:

If Concussion Diagnosis

Date of Medical Clearance: _____

Date of first practice back on water: _____

Attach copy of medical clearance allowing participant to return to full activity to this form.

Person Completing Report: (print) _____

Signature:

Date: