



Albion Football Club Incident Report Form

When completing the form please provide as much information as possible. Thank you!

This is documenting (please circle)

An Injury

First Aid

Incident

Date and Time

Person Completing Report (Name and Title (coach, parent, board member, staff))

Name(s) of all involved

Please include as much information as possible (contact number, email, Club)

Incident Date and Time

Location Details (Address, field, city, etc)

Description of the event(s)

Witnesses and Contact Information

Was the event / injury cause by an unsafe act or unsafe condition

Yes	No	Details
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Actions Taken (including any First Aid Treatment) *

Any of the following contacted?	
<input type="checkbox"/>	RCMP
<input type="checkbox"/>	Ambulance
<input type="checkbox"/>	Parent or Guardian
<input type="checkbox"/>	Doctor
Signature	Date
Phone number we can reach you at:	Other contact information (email, alternate cellphone, etc)

Instructions: Please hand in this report to our Board of Directors either by email or directly. We also have an online version of this report on our website: <http://albionfc.ca/forms#246> You can contact us at info@albionfc.ca or at 604-674-7888 if you have any questions. Albion Football Club takes all reports very seriously and we might need to contact you for further details. Please make sure to provide as much information as possible and your contact information."