BCHC INCIDENT REPORT FORM

To be completed by Show/Event Co-coordinator

1.) Report should be taken on all injuries, even if as minor as a bump or small cut.

****Please Note****

If parent/guardian wants to move or pick up their child you cannot interfere!

2.) Mail or fax a copy of the completed incident report and event release form to both:

BCHC

13061 Rosedale Hwy,

Please email or fax report to:

Jamie Wilson, VP of insurance, BCHC

(Use other side if necessary)

drjamie91@gmail.com Suite B, Box 217 Fax #: 559-784-1993 Bakersfield, Ca 93314 Unit: Type of Event: Rodeo Parade Trail Ride Poker Ride Camping Other: ____ Event Location: (Address) ______ (City) _____ (State) _____ Incident Occurred on: / / date at _____ am / pm Did incident occur during the actual event? Yes Location where incident occurred (I.e. arena, bleachers, trailer, etc.) Was 911 called? Yes No If Yes: Name of Agency who responded: Did injured party refuse medical attention from event personal? Yes No Did injured party refuse medical attention from medical personnel? Yes No If Yes, was "Refusal of Medical Aid Form" signed? Yes No ATTN: if the injured is a minor, their parent/guardian must sign for them! Description of incident:

Information of person injured: Name: Address: City: _____ State: ____ Zip Code: ____ Phone #: ____ - ____ Age: _____ (Please note if this is an estimate) List of at least 3 witnesses: 1.) Name: _____ Address:_____ City: _____ State: ____ Zip Code: _____ Phone #: ____ - ___ Occupation: _____ Brief Statement: 2.) Name: _____ Address: City: _____ State: ____ Zip Code: _____ Phone #: ____ - ____ Occupation: _____ Brief Statement: 3.) Name: Address: City: _____ State: ____ Zip Code: ____ Phone #: ____ - ___ Occupation: _____ Brief Statement: Name of Coordinator: (please print) Phone #: _____ Signature: _____