

EST.2014



Pickleball Hamilton
Injury/Illness Report Form

Date: _____

Time: _____

Member/Guest Name: _____

Member/Guest Address: _____

Member/Guest Phone Number: _____

Description of the injury or illness (what happened, observable injuries, and injured patron's feelings):

Description of volunteer actions and first aid administered (include treatment offered, treatment given, and any changes in injuries or illness):

Recommendations made by volunteer/first aid responder for additional treatment or activity participation:

Follow up taken or observed (check all that apply):

- Activity/program resumed
- Left program early
- Picked up (enter name if applicable): _____
- Patron is going to seek alternate medical attention

Explain (i.e. doctor, hospital): _____

- Additional first aid treatment provided (explain): _____

Name of Volunteer Completing the Form: _____

Name of First Aider: _____

The collection, use, and disclosure of personal information is governed by the Municipal Freedom of Information and Protection Act, R.S.O. 1990, c.M.56

SIGNATURES

Patron Signature: _____

Note: If a patron refuses treatment to be sure to indicate this. If they refuse to sign, also write "refused to sign form".

Additional **Witnesses** to Injury/Illness (attach Witness Statements if applicable):

Name: _____

Phone Number: _____

Signature: _____

Witness Statement:

Additional **Witnesses** to Injury/Illness (attach Witness Statements if applicable):

Name: _____

Phone Number: _____

Signature: _____

Witness Statement: