

OFSAA INJURY REPORT

Fax (416) 426-7317

This report should be completed by the OFSAA site or event convenor for anyone suffering any injury while attending an OFSAA event. It will then be forwarded to the OFSAA office.

Name of Event _____ Date _____ Time _____

Location (name of facility and city/town) _____

Name and Address of Person Injured _____

Tel. # _____

Sex _____ Age _____ Grade _____ School Name _____ City/town _____

Athlete

Official

Other

Coach

Spectator

(please specify below)

Please describe what happened: _____

What type of injury occurred? _____

What treatment was given? _____

By whom? _____ Address of this person _____

Tel. # _____

Was this person one of the event's medical/first aid personnel? _____

Was the injured person taken to the hospital? _____ By whom? _____

What additional follow-up will occur as a result of this accident? _____

Convenor's additional comments (if any)

Name of Event Convenor; Telephone Number

Signature of Event Convenor