



**FunTeam Alberta**

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## FUNTEAM INCIDENT REPORT

DATE \_\_\_\_\_

LOCATION	DATE OF INCIDENT
PRIMARY WITNESS	SECONDARY WITNESS
NAME OF INJURED PERSON	TIME OF INCIDENT
ADDRESS OF INJURED PERSON	PHONE NUMBER OF INJURED PERSON
AGE	SEX
WAS THE NEXT OF KIN OR HOSPITAL NOTIFIED? (IF YES EXPLAIN)	
YES      NO	
TYPE OF ACTIVITY ENGAGED IN WHEN INCIDENT OCCURRED (EG. BASKETBALL, TUMBLING ETC.)	
TYPE(S) OF INJURY	
LOCATION OF INJURY ON BODY REGION(S)	
DESCRIPTION OF INCIDENT	
COMMENTS:	

**NOTE: INCIDENT REPORTS MUST BE SIGNED BY 2 WITNESSES**

\_\_\_\_\_  
**PRIMARY WITNESS**

ADDRESS:

CITY/PROVINCE:

POSTAL CODE:

PHONE #:

\_\_\_\_\_  
**SECONDARY WITNESS**

ADDRESS:

CITY/PROVINCE:

POSTAL CODE:

PHONE #: