## **MOVE UNITED INCIDENT REPORT FORM**



Please submit a signed waiver & registration form for injured person, along with this form, within 24 hours of incident

Two page form must be completed by official chapter representative – please print legibly

Date of Incident:	of Incident: Time of Incident:										
Chapter Name:											
INJURED PERSON INFORMATION											
First Name: Mid	iddle Initial	l:	Last Name:								
Phone Number:	Date	ate of Birth: Age:				Age:					
Gender: ☐ Male ☐ Female ☐ Prefer not to answer ☐ Other:											
Address:		City:	y: State: Zip:			Zip:					
Disability:											
Injured Person:  Participant  Employee  Volunteer  Other:											
PARENT/LEGAL GUARDIAN (IF INJURED PERSON IS A MINOR OR LEGALLY INCAPACITATED)											
First Name: Last Name:			Phone Number:								
Address:		City:			State:	Zip:					
INJURY INFORMATION											
PRIMARY INJURY RESULTING FROM INCIDENT: BODY PART INJURED:											
Abrasion Hypertension			nkle (L / R)								
☐ Allergy ☐ Hypothermia			Arm (L / R)								
☐ Amputation ☐ Laceration			☐ Back ☐ Leg (L / R)								
☐ Burn ☐ Illness		☐ Ear (L / R) ☐ Neck									
☐ Cardiac ☐ Nausea			w (L / R)								
Cold Injury		☐ Eye		Shoulder (L / R)							
☐ Concussion ☐ Seizures		☐ Face		Toe							
☐ Contusion ☐ Sting/Bite		Fing		Tooth							
☐ Dislocation ☐ Strain/Sprain			Foot (L / R)								
Foreign Body Stroke			land (L / R)								
Fracture Tooth/Mouth		Head	d	Other:							
Heat Exhaustion Other:		□ Нір									
INCIDENT INFORMATION											
PRIMARY CAUSE OF INCIDENT:	_			_							
☐ Animal bite/sting ☐ Assault/non-sexual ☐ Collision with person ☐ Struck by falling											
Aquatic											
□ Assault/sexual □ Collision with object □ Fall from height											
INCIDENT LOCATION: ☐ Activity Site ☐ Administrative Premises/Grounds ☐ Off Property ☐ Other:											
INCIDENT TOOK PLACE DURING:  Lesson Competition Training Coulding Other:											
WEATHER CONDITIONS:											
INCIDENT TOOK PLACE DURING WHAT SPORT/ACTIVITY:											
EQUIPMENT INVOLVED IN INCIDENT:											

PLEASE COMPLETE 2ND PAGE

The completed incident report is an internal document to be shared with Move United and our insurer only.

Revised 12/2022

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DESCRIPTION OF INCIDENT										
Please be as descriptive as possible and include all relevant information, including: Who was involved (please provide names and roles)? Where were they? What happened? What was the sequence of events? Attach a separate sheet if necessary.										
RESPONSE TO INCIDENT										
Please list any first aid or medical	treatmer	nt provided at t	he time	e of incident?			Refused Treatment			
WHAT AID OR TREATMENT WAS PRO	OVIDED?	WHO PROVIDED THE TREATMENT?			WHERE WAS AID OR TREATMENT PROVIDED?					
PLEASE CHECK ALL THAT APPLY:										
Transported by ambulance to hos	-	☐ R	eferred	to doctor	□ si	ki patrol assisted				
☐ Transported by air ambulance to hospital ☐ Referred to hospital or clinic ☐ Police involved										
Transported by ambulance to hospital at the request of patient/parent/guardian  Released to parent/guardian  Other:										
☐ Self-transported to hospital or clin		☐ R	eleased	to self						
If individual is a minor or legally inc	apacitate	d, was the parer	nt/legal	guardian notifie	d? 🔲 Yes	☐ No If yes,	when?			
Any additional information?										
WITNESS INFORMATION										
NAME	ROLE		ADDR	RESS		ZIP CODE	PHONE NUMBER			
REPORTER'S INFORMATION										
Name: Position:				Position:	Date:					
Address:				Phone Number:						

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