



Victoria City Rowing Club
5100 Patricia Bay Highway
Victoria, BC, V8Y 2T6
Phone: 250-658-5331 Fax: 250-658-5361
E-mail: clubadmin@vcrc.bc.ca

Injury Report Form

- This form is to be completed by anyone affiliated with VCRC, whether at Elk Lake or while representing VCRC at a regatta off-site
- Please submit the completed form to your Attending Coach, or the Club Manager, within 24 hours of the injury's occurrence.
- If the injury is the result of a specific incident, please fill out the **VCRC Incident Report Form AS WELL**
- This form is confidential when complete
- NOTE that TRANSPORTING (i.e. driving) an injured athlete carries GREAT medical and legal risk, and is therefore strongly discouraged. Should medical follow-up be required, please call an ambulance.

Today's Date: _____ Date of Injury: _____

CONTACT INFORMATION

Your Name: _____

Phone No: _____ Email: _____

Male Female Age: _____

Program: _____

Attending Coach: _____

INJURY INFORMATION

Suspected Type of Injury (Please Circle):

Bruise	Whiplash	Insect Bite	Puncture	Hypothermia
Laceration	Shock	Muscle Strain	Spinal Injury	Heat Illness
Fracture	Burn	Ligament Sprain	Concussion/ Head Injury	Joint Dislocation

Location of Injury (Please Circle):

Ear or Eye	Buttocks	Shoulder	Hand	Arm
Back	Abdomen	Ankle	Hip	Thigh
Face	Chest/Ribs	Elbow	Knee	Leg
Neck	Groin	Fingers/Toes	Forearm	Wrist

Other: _____



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CAUSE OF INJURY

Description of Circumstances Leading to Injury

(If more space is needed, please complete a separate page and attach to this report)

FIRST AID RESPONSE INFORMATION

First Aid provided on site? Yes No

Name of First Aider: _____ VCRC role: _____

Description of treatment/care provided:

Ambulance called? Yes No

Injured person's emergency contact notified? Yes No

Injured person's signature: _____ Date: _____

Parent/guardian name (if person less than 18 years old):

Parent/guardian signature: _____ Date: _____

Name of witness to injury: _____

Witness phone no.: _____ Witness email: _____

Witness signature: _____ Date: _____

THANK YOU!



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THE FOLLOWING IS FOR VCRC MANAGEMENT AND THE BOARD OF DIRECTORS TO FILL OUT UPON RECEIPT OF THIS INJURY REPORT

Date injury report received in office: _____

Club Manager's action report:

Club Manager signature: _____ Date: _____

Date injury report received by BOD's: _____

BOD's action report:

Signature of Director: _____ Date: _____

CONFIDENTIAL