



COMPETITIONS

ACCIDENT & INJURY & CONCUSSION REPORT

This form is to be submitted by the competition Steward, Technical Delegate or competition organizing committee

Must be submitted to EC within 24 hours of incident

1. URGENT

- FATALITY SERIOUS ACCIDENT / INJURY
 REQUIRES IMMEDIATE ATTENTION FROM EC MEDICAL SUSPENSION FROM COMPETITION

Injured Party: Person (only) Horse (only) Person & Horse Athlete Groom Official
 Other: _____

Person Name: _____ EC #: _____

Birth Date (dd/mm/yy): _____ Gender: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Horse Name: _____

Horse Recording #: _____ Horse Age: _____

Owner Name: _____ Phone #: _____

2. Competition Information

Competition Name: _____ Competition #: _____

Date: _____ Time: _____

Location: _____

Organizer: _____ Phone #: _____

3. Incident Description

Possible head injury / concussion and medically suspended from competition Other injury:

Approved to Compete (Must provide explanation) : _____

Attending Medical Personnel (name) : _____ Phone #: _____

Doctor EMT / Paramedic Nurse Nurse Practitioner First Responder Veterinarian

Other: _____

4. Treatment

Onsite Transported None Refused Personal transport to hospital

Other: _____

By Whom: EMT/Paramedic Doctor Veterinarian Spectator Official

Name: _____



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5. Location of reported incident

Warm-up Stabling Competition Arena Cross-Country

Other: _____

Type of Class: _____

Name of Class: _____

Type of fence (if applicable): _____

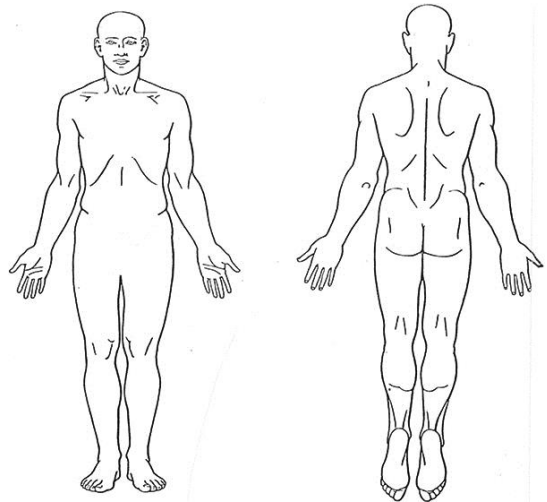
Approximate Dimensions of fence (if applicable): _____

Fence safety features	Safety Cups:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Frangible:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Rotational Fall:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

6. Brief description of accident and note any evident symptoms

7. Indicate area of Injury to Person

Comments: _____



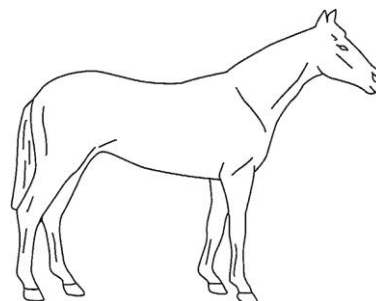


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8. Indicate area of Injury to Horse

Comments:



9. Witnesses to Accident:

Were you a witness to the incident? YES NO

If not, who reported the incident?

Name: _____

Phone #: _____

Attach a Witness Report if available or statement from medical officer

Name

Address

Phone #

1.

2.

3.

10. Follow-up:

Name of Steward/TD/OC: _____

Date report completed: _____

Signature of Steward: _____

EC Sport License #: _____

Name of Attending Medical Professional: _____

Signature of Attending Medical Professional: _____

Accident & Injury reports must be returned to Equestrian Canada attached to the Steward or Technical Delegate report form. In the absence of a Steward or Technical Delegate, the Accident & Injury report must be returned with the Competition Master Report by a member of the Organizing Committee.

FAX 1-888-713-3315 OR EMAIL competitions@equestrian.ca WITHIN 24 HOURS IF THE FOLLOWING OCCURS & CALL EMERGENCY PHONE LINE 613.287.1515 ext. 199

- The death of a person or horse
- If the possible head injury/concussion and medically suspended from competition box is selected
- When rider/person/horse is unconscious / has life threatening injury and is transported by ambulance