

CORDOVA BAY 55+ INCIDENT REPORT

#1-5238 CORDOVA BAY ROAD PHONE 250-658-5558

DAY _____ **DATE** _____ **TIME** _____

Injured party (please print):

NAME _____ **PHONE** _____ **EMAIL** _____

D.O.B. _____ **M/F** _____

ADDRESS: _____

EMERGENCY CONTACT: NAME _____ **PHONE** _____

WITNESS NAME (PRINT) _____ **PHONE** _____

WITNESS SIGNATURE _____

INJURY _____

Details of Incident (use back if more room required) _____

TREATMENT: _____

COMMENTS: _____

FORM COMPLETED BY: (PLEASE PRINT) _____

DATE _____ **SIGNATURE** _____

*NOTIFY OFFICE AS SOON AS POSSIBLE: PHONE/EMAIL

**** NOTIFY SCHOOL IF AMBULANCE CALLED ******