

KICKBOXING QUÉBEC

ACCIDENT OR INJURY REPORT

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To be submitted to the organization within 15 days following the accident

This form must be completed by the coach when an accident resulting in an injury occurs during a training session or other practice activity, or during an event sanctioned by the federation. In an emergency, providing care and contacting emergency services take priority over completing the report.

1. REPORT IDENTIFICATION

Report number	_____/_____/_____
Date prepared	_____
Organization / club	_____
Coach's name	_____
Phone / email	_____

2. INFORMATION ABOUT THE INJURED PARTICIPANT

Full name	_____
Date of birth / age	_____
Address	_____
Phone	_____
Parent or guardian (if minor)	_____
Parent/guardian contact information	_____
Emergency contact person	_____

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3. ACTIVITY AND EVENT INFORMATION

Date of accident	_____ / _____ / _____
Time	_____ **h** _____
Exact location	_____
Type of activity	☐ Training ☐ Warm-up ☐ Other: _____
Discipline	☐ Kickboxing ☐ Muay Thai ☐ K-1 ☐ Other: _____
Supervision	Name of coach/official present: _____
Protective equipment worn	☐ Headgear ☐ Mouthguard ☐ Gloves ☐ Shin guards ☐ Groin protector ☐ Other

4. FACTUAL DESCRIPTION OF THE ACCIDENT

Describe the circumstances, sequence of events, activity being performed, and apparent mechanism of the accident:

_____

_____

Specify the exact location, site conditions and equipment involved:

_____

_____

5. OBSERVED OR REPORTED INJURY

Affected body area	_____
Apparent nature	☐ Pain ☐ Swelling ☐ Dizziness ☐ Cut ☐ Other: _____

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Signs or symptoms	_____
Loss of consciousness	☐ No ☐ Yes ☐ Unknown Approximate duration: _____
Participation stopped	☐ Yes ☐ No Time stopped: _____

Important: record only facts observed or reported. Do not make a medical diagnosis.

6. IMMEDIATE CARE AND MEASURES

Intervention performed	☐ First aid ☐ Ice ☐ Rest ☐ Immobilization ☐ Other: _____
Responder	Name and role: _____
Emergency services	☐ No ☐ 911 called at _____ ☐ Ambulance arrived at _____
Disposition	☐ Return home ☐ Clinic ☐ Hospital ☐ Other: _____
Accompanying person	Name: _____ Relationship: _____
Parent/guardian notified	☐ N/A ☐ Yes at _____ ☐ No - reason: _____
Return-to-play instructions	☐ No return permitted the same day ☐ Medical evaluation recommended

7. WITNESSES

Full name	Contact information	Role / signature

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8. SITE, EQUIPMENT AND CORRECTIVE MEASURES

Equipment retained	☐ N/A ☐ Yes, identified and set aside ☐ No
Photos / documents attached	☐ No ☐ Yes - specify: _____
Activity or area suspended	☐ No ☐ Yes - until: _____

Abnormality, contributing factor or risk observed (facility, equipment, supervision, other):

_____

_____

Corrective measures taken immediately or recommended, person responsible and deadline:

_____

_____

9. FOLLOW-UP

Follow-up with participant	Date: _____ Summary: _____
Medical advice received	☐ No ☐ Yes ☐ Not available Restrictions: _____
Return to practice	☐ Undetermined ☐ Authorized on: _____ ☐ With restrictions
Other organizations notified	☐ None ☐ Insurer ☐ Federation ☐ Property owner ☐ Other: _____

10. DECLARATION AND SIGNATURES

I declare that the information recorded in this report is accurate to the best of my knowledge and reflects the facts observed or reported to me.

Coach / report preparer	Name: _____ Signature: _____

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Date	_____ / _____ / _____
Received by organization	Name and role: _____
Signature and date received	Signature: _____ Date: _____

11. ATTACHMENTS AND TRANSMISSION

Attachments	☐ Witness statement ☐ Photos ☐ Medical report voluntarily provided ☐ Other
Method of transmission	☐ Secure email ☐ Hand delivery ☐ Other: _____
Date transmitted	_____ / _____ / _____

CONFIDENTIALITY - This report contains personal information. It must be transmitted, retained and accessed in accordance with applicable confidentiality and privacy requirements.