

Chirurgeon Injury Report Form

Event _____ Group _____ Date ____ / ____ / ____

Consent: I have been informed of the training level of the treating chirurgeon(s) and hereby give consent for ___Myself/ ___My Child to be treated:

Patient/Guardian Sig: _____

Refusal: I have been informed of the training level of the treating chirurgeon(s). I understand that first aid has been recommended for ___Myself/ ___My child which I refuse. I understand that it is my responsibility to seek appropriate medical care. I release the chirurgeon(s) and all SCA authorities from any and all liability for any ill effects that may result from my decision to refuse aid.

Patient/Guardian Sig: _____

Please Print All Information

Legal Name _____ Time of incident _____ Adult ___ Child ___

SCA Name _____

Guardian Legal Name _____

Address _____

Trauma _____ Illness _____ M _____ F _____ D.O.B. ____ / ____ / ____

Phone(____) _____ Recurring Injury _____ Y _____ N _____

Allergies: _____

Medications: _____

Medical History: _____

Injury Type _____ Kitchen _____ Dancing _____ Combat _____ Camping _____ Other _____

If comat: Single ___ Melee ___

Injured by: weapon ___ Terrain ___ Armor ___ Weather ___

If from weapon, type SS ___ WS ___ TW ___ BS ___ DGR ___ PA ___ Spear ___ GS ___

Cbt Arch ___ Rapier ___ Archry ___ Unknown ___ Other ___

Notes: _____

If Kitchen injury; type Cut ___ Burn ___ Crush ___ Other ___

Notes: _____

Pt. will seek appropriate follow-up care _____ Pt. Transported to facility _____

Where _____ By whom _____

Time left site _____ How _____

Comments/Progress/Additional treatment:

Notes/Comments/Additional Names Relative to report:

Please mail to the Kingdom Chirurgeon with event report form.

THL Aine nic Lir

150 Palmer Ave.

Kenmore NY, 14217

716-877-1099 (Before 9:00PM EST Please)