

CHIRURGEON'S INCIDENT LONG REPORT FORM

Event	Group	
Date	Time Treated	Badge #:

Please Print Please Print Please Print

Patient Legal Name:		Adult	Minor
SCA Name		Allergies:	
Address		Medications:	
Trauma <input type="checkbox"/> Illness <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>		Medical History:	
Phone () - DOB			

Injury Type: Kitchen Dance Combat Camping Other

Complaint:

Action Taken:

Advice Given: Ice Rest Fluids See Doctor Other:

Patient will seek appropriate follow-up care Patient transported to (Facility)

Where?	By Whom
Time Left Site:	How?

Attending Chirurgeons

SCA Name	Legal Name (Print)	Legal Signature	Phone (with area code)

CIC

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 Legal Name (Print): _____

Patient/Guardian Legal Signature: _____

Witness Signature _____

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 Chirurgeons and all SCA Authorities from any and all liability for any ill effects that may result from my decision to refuse aid.

Patient/Guardian Legal Name (Print): _____

Patient/Guardian Legal Signature: _____

Witness Signature _____

Report continued on back

