INTERNATIONAL FANTASY GAMING SOCIETY

Game Safety Officers
Injury Report

Name of Injured Individual: ________________________________
Date/Time of Injury: ______ / ______
Game injured in: ________________________________
Chapter: ________________________________
GSO: ________________________________
FATL: ________________________________

Injury: __________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

__ Can continue on back if needed.

On-Site Treatment: ________________________________________
______________________________________________________

__ Can continue on back if needed.

Transportation to Medical Treatment Facility (Y/N): _____
Medical Facility Used: ____________________________________
If Transported How long between Injury and arrival at Facility: ______
Mode of Transport: ______________________________________
Who Accompanied Injured person to Facility: ________________

INSURANCE
Was a claim filed. (Y/N) _______
When did you contact Society Clerk to establish claim: _________

__________________________________  _______________________
Game Safety Officer                        Date

Attach to IFGS SO Form 02 Game Report.

SO Form 03   Injury Report            Page 1 of 2           Copyright © 15 April 2004
Drawings or other information are to be attached to this sheet.