

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.

