## 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.	
Can continue on ottek it 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	d arrival at Facility:
Mode of Transport:	· ——
Who Accompanied Injured person to Facility	ty:
INGLID A NOT	
INSURANCE Was a slain filed (VAN)	
Was a claim filed. (Y/N)	Litale alatas
When did you contact Society Clerk to estal	biish ciaim:
Game Safety Officer	Date

Attach to IFGS SO Form 02 Game Report.

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SO Form 03 Injury Report