

Section 4



Post Event SANCTIONING SUBMISSION PACKAGE

Approved by the Board of Directors
December 13, 2010

Name of event: _____ Event date: _____

To be submitted to the Triathlon Manitoba office a minimum of 45 days after the event.

POST Triathlon Event - Medical Incident Report (Please have a copy with you ONSITE to fill out if required)

Note: Please submit electronically to the office immediately after the event.

Event Name & Date:	Time:	Location:
Name:	Age:	Gender:
Address:	Phone no:	Guardian contacted:
Medical history indicated on waiver:	Event day indication of symptoms or medication taken:	On-site first aid performed by: Exactly what first aid was performed:
EMS contacted:	Police report #	Hospital name:

History: What happened? Give full details. Include information on where exactly the incident occurred, where volunteers were, number of individuals in the general area of the incident. State the environmental conditions if they were a factor. Use the back of the report for further information and diagrams if required.

Any witnesses names, phone no. & addresses:

Follow-up – Did someone call or go to hospital if needed? Condition of individual?

Report completed by: _____

