

JITSU CANADA - INCIDENT REPORT FORM**CONFIDENTIAL WHEN COMPLETE**

Name:				Grade	
Incident Location		Incident Date		Incident Time	
Description of incident (be specific)					
Description of injury or illness (be specific)					
Action taken / first aid treatment (be specific)					
If taken to hospital:					
Accompanied by:	Instructor	Friend (name)	Self	Ambulance	Other (specify)
Outcome (if known at present):					
Instructor:			First Aider:		

This form should be completed for all incidents / injuries requiring medical attention and the completed form emailed to Jitsu Canada within 24 hours of the incident