

Injury Report Kingdom of Meridies

Do not use calligraphy. Please print clearly or type.

Report must be included with Event or Quarterly Report, or filed within 24 hours of injuries requiring offsite transport.

Group Name, City, & State: _____

Date of the Report: _____ Date of the Injury: _____

Name of the Event: _____ Location of the Event: _____

Marshal in Charge: SCA Name: _____

Mundane Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Injured's SCA Name: _____

Mundane Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Opponent's SCA Name: _____

Mundane Name: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Chirurgeon in Charge: _____

Mundane Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Description of Injury: _____

Causes and Circumstances of Injury: _____

Treatment: _____

Further treatment at: _____

Located at: _____

Physician: _____

Treatment: _____

Attach additional sheets as necessary.

Mundane Signature: _____ Date: _____

SCA Signature: _____