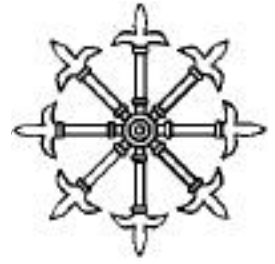


Injury Report Form



This form should be used only if the injury is serious enough that it requires medical attention. Use common sense and be objective as possible. Keep a copy for your files and send one to the Earl Marshal and one to the Kingdom Chirurgeon within two days of the injury.

Group Name: _____ Date of Event: _____

Submitted By: _____

Society Name

Mundane Name

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

Event Name: _____

Event Location: _____

Site Chirurgeon: _____

Society Name

Site Chirurgeon: _____

Mundane Name

Name of Injured Party: _____

Society Name

Name of Injured Party: _____

Mundane Name

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

Give as complete a description as possible of incident and nature of injuries (use back and/or extra sheets if necessary)