

Chirurgeon Injury Report Form

Event _____ Group _____ Date ___/___/___

Consent: I have been informed of the training level of the treating chirurgeon(s) and hereby give consent for Myself/ My Child to be treated:

Patient/Guardian Sig: _____

Refusal: I have been informed of the training level of the treating chirurgeon(s). I understand that first aid has been recommended for Myself/ My child which I refuse. I understand that it is my responsibility to seek appropriate medical care. I release the chirurgeon(s) and all SCA authorities from any and all liability for any ill effects that may result from my decision to refuse aid.

Patient/Guardian Sig: _____

Please Print All Information

Legal Name _____ Time of incident Adult Child

SCA Name _____

Guardian Legal Name _____

Address _____

Trauma _____ Illness _____ M _____ F _____ D.O.B. ___/___/___

Phone(____) _____ Recurring Injury _____ Y _____ N

Allergies: _____

Medications: _____

Medical History: _____

Injury Type Kitchen _____ Dancing _____ Combat _____ Camping _____ Other _____

If combat: Single Melee

Injured by: weapon Terrain Armor Weather

If from weapon, type SS WS TW BS DGR PA Spear GS Cbt Arch Rapier

Archery Unknown Other

Notes: _____

If Kitchen injury; type Cut Burn Crush Other

Notes: _____

Complaint: _____

Action Taken: _____

Advice Given: Ice Rest Fluids See Doctor Other

Attending Chirurgeon(s):

SCA Name Print Legal Name Signature Phone

C-I-C: _____

Vital Signs

Time _____ Respiration _____ Pulse _____ B/P _____ L.O.C. _____ R_ Pupils_ L _____ Temp _____
 Regular Regular Alert _____ Normal
 Shallow Voice _____ Dilated
 Labored Irregular Pain Constricted
 _____ Unresp _____ Unresp

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Pt. will seek appropriate follow-up care _____ Pt. Transported to facility _____

Where _____ By whom _____

Time left site _____ How _____

Comments/Progress/Additional treatment:

Notes/Comments/Additional Names Relative to report:

Please mail to the Kingdom Chirurgeon with event report form.

THL Robert Marston
1219 Colfax St
Pittsburgh PA 15212