

IEA HORSE SHOW INCIDENT FORM

This report is to be filled out by the Show Manager to provide information regarding any incident occurring during an IEA approved event.



SHOW HOST _____ IEA HS ID # _____

DATE _____ CITY _____ STATE _____

Name of Injured Person _____

Was this person a Rider _____ Coach _____ Attendee _____ Other _____

Parent/Legal Guardian (**if injured party is a minor**) _____

If Parent/Legal Guardian not on site, were they contacted? _____ by whom? _____

Team Name _____ Coach Name _____

Give a brief description of the incident _____

Name of Medical Personnel _____ Phone _____

Did the on-site Medical Personnel evaluate the person? _____

Did the person require any treatment? If so, please describe _____

Was the person transported to a facility? _____

Name of facility _____

Address _____

Phone _____ Did the person refuse treatment? _____

Additional notes _____

Witness Name _____ Email _____ Phone _____

Witness Name _____ Email _____ Phone _____

Name of Show Manager _____

Phone _____ Email _____

Date _____ Signature _____