

1. COMPETITION INFORMATION

*Competition managers - Please fill out this section and then provide to the paramedic for completion.

Competition Name: _____

Competition Start Date: _____ Competition End Date: _____

Location: _____

Competition Manager: _____ Phone #: _____

2. MEDIC REPORT

To be completed by the hired paramedic attending at the Wild Rose Provincial Circuit Competition

Total number of incidents attended to: _____

Number of incidents considered major/serious by paramedic: _____

Number of incidents in which a concussion was suspected by paramedic: _____

Number of incidents where paramedic recommended the athlete withdraw from competition due to severity/nature of injury: _____

Name of Attending
Medical Personnel: _____

Signature: _____

Date: _____ Phone: _____ Email: _____

After completion, please submit forms to competitions@albertaequestrian.com or complete the form online by scanning the QR code below or going to albertaequestrian-events.com/medic

