

Oregon High School Equestrian Teams, Inc.

In Case of Accident and/or Injury

Please fill out the below form immediately

Please fill out form completely.

District Chair AND Coach/Advisor MUST sign report where indicated.

Give as much information as possible.

When report is complete email or mail to:

OHSET
c/o Jan Harer
37285 SW Nature Drive
Cornelius, OR 97113
971-645-5059 (Cell)
iharer@ohset.com

Please keep a copy for your records – district and team.

Any questions should be directed to your Coach, Advisor, and/or District Chair.

Oregon High School Equestrian Teams, Inc.

Accident & Injury Report

Date: _____

Entire form must be completed.

Name of Patient: _____

DOB: _____

OHSET Role: Athlete Coach Advisor Other: _____

Gender: Male Female Age: _____

Home Address of Patient: _____

Email: _____

Phone: _____

Date of Injury: _____

Time of Injury: _____

Did You Seek Medical Treatment: YES NO When: Immediately or _____

What Activity: _____

Describe Injury: _____

Describe How and Where Injury Occurred (Explain Fully – Use Back of Form if Necessary): _____

Verification (All Signatures below MUST be unrelated to patient)

If Available:

Witness: _____
Printed Name

Signature

Coach/Advisor Present: _____

Title: _____

Coach Signature: _____

Phone: _____

Who is Completing This Form: _____

Signature: _____

District Chair: _____ Signature: _____ Date: _____

District: _____ Team: _____