

Standard Operating Guidelines

In Case of Accident or Injury

Please fill out an “Incident Form” immediately, REGARDLESS of the seriousness of the accident/injury.

Form is required:

- Anytime an athlete falls from a horse, at any OHSET authorized event (practice, meet, clinic, etc.)
- Anytime an athlete is injured at an OHSET authorized event, (practice, meeting, meet, etc.)
- Anytime an accident happens that should be documented and we could potentially learn from, even if no one is injured.
- **NOTE:** Nothing refers to “serious” injury or “medical treatment” – **all accidents and injuries should be reported.**
- When form is complete, mail to:
 - OHSET, c/o Jan Harer , 37285 SW Nature Dr., Cornelius, OR 97113

**OHSET does NOT carry medical insurance on volunteers, athletes or equine.
All medical expense responsibility is that of the participant.**

Oregon High School Equestrian Teams, Inc.

Incident Form

Accident & Injury Report

Name of Patient _____ D.O.B. _____ Age _____

OHSET Role: Athlete Coach Advisory Other _____ Gender: M F

Home Address of Patient _____

Mailing Address if Different _____

Email _____ Phone _____

Date of Injury: _____ Time _____ Was a parent/guardian present? YES NO

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

What Activity/Event? _____

Describe Injury: _____

Describe How and Where Injury Occurred (explain fully-use the back of this form if necessary):

VERIFICATION. All Signatures below MUST be unrelated to the patient.

If Available,

1. Witness: _____
Printed Name *Signature*

Coach/Advisor Present _____ Title _____

Coach Signature Phone _____

Who is completing this form? _____ Signed _____

District Chair _____ Signed _____ Date _____

Send Completed Document to: OHSET, c/o Jan Harer | 37285 SW Nature Dr. | Cornelius, OR 97113