Short Incident Form | EVENT:

Date: SCA Name: Branch:
Legal Name:

Address:

Date of Birth: Phone #:

Complaint:

Treatment:

Attending Chirurgeon(s):

Injury Type: ☐Heavy ☐ Rapier ☐Bystander ☐ Other Combat:__________________
☐Kitchen ☐ Dancing ☐Camping ☐Other:__________________________

Signature of Consent:

☐Witness / ☐Parent:

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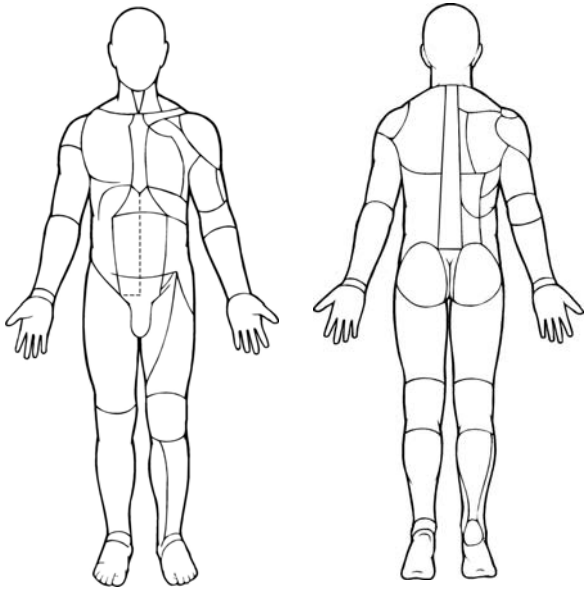
Additional Information:



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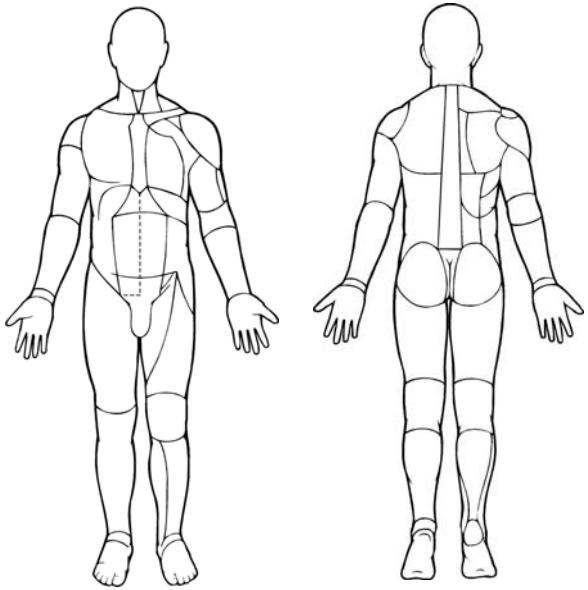
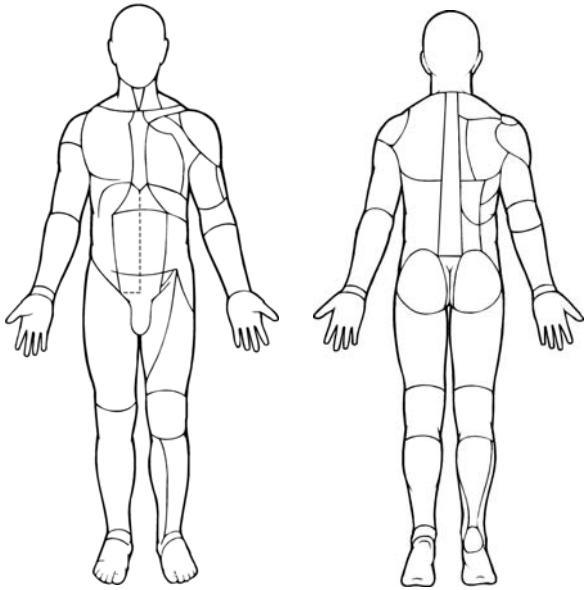


Additional Information:



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