1.) Report should be taken on all injuries, even if as minor as a bump or small curves ****Please Note**** If parent/guardian wants to move or pick up their child you cannot interfere 2.) Mail or fax a copy of the completed incident report and event release form to be BCHC Please email or fax report to; 13061 Rosedale Hwy, Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Mail or fax a copy of the completed incident report and event report to; Jamie Wilson, VP of insurance, BCHC Mail or fax a copy of the completed incident report and event fax #: 559-784-1993 Unit: Type of Event: Parade Trail Ride Poker Ride Camping Pack Trip Other:		TO DE COM	pleted by Event Coordinator	
If parent/guardian wants to move or pick up their child you cannot interfere 2.) Mail or fax a copy of the completed incident report and event release form to be BCHC Please email or fax report to; 13061 Rosedale Hwy, Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 Jamie Wilson, VP of insurance, BCHC Bakersfield, CA 93314 Fax #: 559-784-1993 Unit:	1.) Report sh	ould be taken on a	all injuries, even if as minor as	a bump or small cu
13061 Rosedale Hwy, Jamie Wilson, VP of insurance, BCHC Suite B, Box 217 drjamie91@gmail.com Bakersfield, CA 93314 Fax #: 559-784-1993 Unit:	If parent/gua 2.) Mail or fax a	ardian wants to me	ove or pick up their child you	u cannot interfere
Type of Event: Parade Trail Ride Poker Ride Camping Pack Trip Other: Event Location: (Address) Incident Occurred on: / / / Did incident occur during the actual event? Yes No Location where incident occurred (I.e. arena, bleachers, trailer, etc.)	13061 Rosed Suite B, Box	217	Jamie Wilson, VP of drjamie91@gmail.com	a war a paper of the state of t
Other:	Unit:			
Incident Occurred on: date at am / pm Did incident occur during the actual event? Yes No Location where incident occurred (I.e. arena, bleachers, trailer, etc.) Was 911 called? Yes No If Yes: Name of Agency who responded: Did injured party refuse medical attention from event personnel? Yes I Did injured party refuse medical attention from medical personnel? Yes If Yes, was "Refusal of Medical Aid Form" signed? Yes No ATTN: if the injured is a minor, their parent/guardian must sign for the	Type of Event:			
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Name:				and the second
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of at least 3 witnesses:				
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