



**Iqaluit Amateur Hockey Association  
Injury Report**

**INJURED PERSON:**

Name: \_\_\_\_\_ Local Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INJURY:**

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Injury: \_\_\_\_:\_\_\_\_ (am/pm)

Description of Incident (describe fully, events, actions, and conditions involved):

---

---

---

---

---

---

Witnesses Information (Name, Address, and Phone):

---

---

---

**IMMEDIATE ACTION TAKEN:**

First Aid Treatment Given: \_\_ YES \_\_ NO

Describe First Aid Given: \_\_\_\_\_

Sent to Hospital? \_\_ YES \_\_ NO

\_\_\_\_ Ambulance \_\_\_\_ Personal Vehicle

Other Action Taken: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INJURY REPORT MUST BE SUBMITTED TO IAHA EXECUTIVE WITHIN 48HRS**