



SCOTIA STORM RINGETTE INJURY REPORT FORM

Name of athlete/coach (or other) injured: _____

Team (e.g. U10): _____

Date of birth: _____

Date of incident: _____

Location of incident (e.g. RBC Rink, dressing room): _____

Time of incident: _____

Name of witness: _____

Witness contact number: _____

Parent/Guardian: _____

Parent/Guardian contact number: _____

Nature of injury: _____

Part of body injured: _____

Was the injury a result of contact or non-contact? _____

What caused the injury and could it have been avoided (e.g. equipment failure, not wearing protective equipment)? _____

What (if any) treatment was done on-site (e.g. ice, taping, splint, etc.): _____

Who provided treatment on-site? _____

Outcome (e.g. family took to hospital, EMS provided care, etc.): _____

Person completing this form: _____

Contact number for person completing this form: _____

Was a follow up done with the family? Yes/No By whom: _____

Outcome: _____

Presence of any of the following MAY suggest a concussion (check off any that apply):

- Sensitivity to noise
- Sensitivity to light
- Blurred vision
- Nausea or vomiting
- Pressure in head
- Seizure or convulsion
- Loss of consciousness
- Balance problems
- Nervous or anxious
- More emotional fatigue or low energy
- Difficulty remembering
- Difficulty concentrating
- Feeling like in a fog
- Feeling slowed down
- Don't feel right
- Irritability
- Drowsiness
- Dizziness
- Neck Pain
- Headache
- Amnesia
- Sadness
- Confusion

Please submit this form to scotiastormringette@gmail.com within two days of the injury having occurred.