Section 1: Injured Person

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Age: Click or tap here to enter text.

Gender: [ ]  Male [ ]  Female

Date of Birth: Click or tap to enter a date.

Role: [ ]  Athlete [ ]  Coach [ ]  Referee [ ]  Spectator

Team: [ ]  U7 [ ]  U9 [ ]  U11 [ ]  U13 [ ]  U15 [ ]  U17 [ ]  Junior B

Section 2: Details of Event

Date: Click or tap to enter a date.

Time: Click or tap here to enter text.

Location/Arena: Click or tap here to enter text.

When did the injury occur: [ ]  Practice [ ]  Conditioning [ ]  Game

If during a game, when did it occur:

[ ]  Warm-up

[ ]  Period 1

[ ]  Period 2

[ ]  Period 3

[ ]  After the game

Where did the injury occur: [ ]  Dressing Room [ ]  Arena Floor [ ]  Other: Click or tap here to enter text.

If on the arena floor:

[ ]  Players bench

[ ]  Defencive Zone

[ ]  Offensive Zone

What was involved in the injury: [ ]  Another player [ ]  Stick [ ]  Ball [ ]  Boards [ ]  Goal/Net

Was the playing surface clear of debris (i.e. sticks, water, etc.)? Click or tap here to enter text.

Was the playing surface checked prior to the game/practice? Choose an item.

Section 3: Details of Incident/Injury

Body part injured: Click or tap here to enter text.

Explanation of incident: Click or tap here to enter text.

Safety equipment worn (choose all that apply):

[ ]  Mouth guard

[ ]  Helmet

[ ]  Chin strap

[ ]  Kidney pads

[ ]  Slash guards

[ ]  Shoulder pads

Was time lost from participation because of the incident? Choose an item.

If yes, how much time: Click or tap here to enter text.

Initial first aid given: Click or tap here to enter text.

Who provided initial first aid (position and name): Click or tap here to enter text.

Further first aid given: Click or tap here to enter text.

Was the athlete referred to a physician? Choose an item.

Doctor’s note provided: Choose an item.

Details: Click or tap here to enter text.

Did the athlete receive medical clearance to return to play: Choose an item.

 Details: Click or tap here to enter text.

If no, when and why did the athlete return to play: Click or tap here to enter text.

Was an ambulance called: Choose an item.

Was the athlete transported to hospital? Choose an item.

 If yes, by whom:

[ ]  Ambulance

[ ]  Parent

[ ]  Other: Click or tap here to enter text.

History of prior concussion(s): Choose an item.

Name of person completing form: Click or tap here to enter text.

Signature of team official:

Team position: Click or tap here to enter text.