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.