

# Team Injury Report Form

## Section 1: Injured Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M F Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle: Athlete Coach Spectator Referee

Sport/Team: \_\_\_\_\_

## Section 2: Details of Injury

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location/Arena: \_\_\_\_\_

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: \_\_\_\_\_

If on the arena floor:

players bench defensive zone offensive zone

What was involved in the injury: another player stick ball boards  
goal/net

Was the playing surface clear of debris (sticks, water, etc): Y N

Was the playing surface checked prior to the game?: Y N

Nature & Body Part of Injury: \_\_\_\_\_

How did the incident occur?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle the safety equipment being worn:    mouth guard          helmet          chin strap  
   kidney pads    slash guards    shoulder pads

Was time lost from participation because of the injury?    Y      N

If yes, how much time: \_\_\_\_\_

Initial First Aid Given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further First Aid Given: \_\_\_\_\_

\_\_\_\_\_

Was the athlete referred to a doctor? Y      N

Doctor's note provided? \_\_\_\_\_

Did the athlete receive medical clearance to return to play? \_\_\_\_\_

If no, when and why did the player return to play: \_\_\_\_\_

\_\_\_\_\_

Was an ambulance called? Y      N      Was the athlete transported to hospital: Y      N

History of Prior Concussion(s)    Y      N

Signature of team official: \_\_\_\_\_

Team position: \_\_\_\_\_

This form is for team use only and is not mandatory.