|  | **Softball New Brunswick Injury Report Form**(please complete as soon as possible after injury) |
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| **SECTION A: PERSONAL INFORMATION** |
| First Name: | Last Name: |
| Team Name: | Date of injury:Time of injury: |
| Age: | Sex: M F | Email: | Phone number: |
| Address: | City: | Province: | PostalCode: |
| Event: | Location of Event: |
| **WITNESS INFORMATION** |
| First Name: | Last Name: | Role: |
| Email: | Phone Number: |
| **SECTION B: INJURY DETAILS** |
| C:\Users\Bev Adams\Desktop\Bev\injury report.jpeg | **NATURE OF INJURY:**Dislocation \_\_\_\_\_ Skin injury \_\_\_\_\_Sprain/Strain \_\_\_\_\_ Swelling \_\_\_\_\_Fracture \_\_\_\_\_ Bruising \_\_\_\_\_Head injury \_\_\_\_\_ Other \_\_\_\_\_ (describe here)---------------------------------------------------------------------------------------***NOTE: that any injury involving loss of consciousness or a possible concussion requires immediate medical consultation***---------------------------------------------------------------------------------------**CARE:**Trainer \_\_\_\_\_ Hospital \_\_\_\_\_ EMS \_\_\_\_\_ Doctor \_\_\_\_\_**INITIAL TREATMENT:** RICE (Rest, Immobile, Cold, Elevate) \_\_\_\_\_Wrapping \_\_\_\_\_ Stretch/Exercise \_\_\_\_\_Sling/splint \_\_\_\_\_ Manual Therapy \_\_\_\_\_Dressing \_\_\_\_\_ None \_\_\_\_\_ |
| Please indicate here what caused the injury and whether it could have been avoided: |
| Name of individual completing form: Signature:(please print) |

Completed form must be sent to executivedirector@softballnb.ca as soon as possible.