|  | | **Softball New Brunswick Injury Report Form**  (please complete as soon as possible after injury) | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | Postal  Code: |
| 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](mailto:executivedirector@softballnb.ca) as soon as possible.