INJURY REPORTING FORM

One form must be completed for each *"injury"* is defined as: Any ice hockey related ailment, occurring on the rink or player's bench, that kept (or would have kept) a player out of practice or competition for 24 hours or required medical attention (trainer, nurse or doctor) and all concussions, lacerations (cuts), dental, eye and nerve injuries.

Name _____ Date of Injury _____-_____-_____ Trainer/MD Name _____

Street Address _____

City _____ State _____ Zip Code _____

Position played at time of injury (W, C, D, G) _____ Game opponent (team)_____

Time of injury (Warm-ups, 1, 2, 3, OT, After) _____ Game frequency (1st, 2nd, 3rd, etc. game of event) _____

TYPE OF INJURY

- ☐ Contusion
- ☐ Fracture
- ☐ Laceration
- ☐ Dislocation
- ☐ Strain
- ☐ Concussion
- ☐ Sprain
- ☐ Other _____

_____

HOW INJURY OCCURRED

- ☐ Contact with boards
- ☐ Contact with goal/net
- ☐ Body contact with another person
  - ☐ Caused by a body check
  - ☐ Incidental to playing puck/ball
- ☐ Struck by a stick
- ☐ Contact with skate
- ☐ Contact with floor
- ☐ Struck by puck
- ☐ No apparent contact
- ☐ Other _____

_____

BODY PART AFFECTED

(Check the affected areas and indicate left or right side)

- ☐ Head/Scalp
- ☐ Face/Nose
- ☐ Eye(s)
- ☐ Mouth/Teeth
- ☐ Neck/Ear
- ☐ Shoulder
- ☐ Arm/Elbow
- ☐ Wrist
- ☐ Hand/Finger
- ☐ Chest
- ☐ Abdomen
- ☐ Back/Spine
- ☐ Buttocks
- ☐ Groin
- ☐ Hip
- ☐ Leg/Knee
- ☐ Ankle
- ☐ Foot/Toe

INJURED'S CATEGORY

- ☐ Player
- ☐ Coach
- ☐ Referee
- ☐ Manager
- ☐ Volunteer
- ☐ Spectator
- ☐ Other _____

INTENT TO INJURE?

(according to injured player)

☐ YES ☐ NO

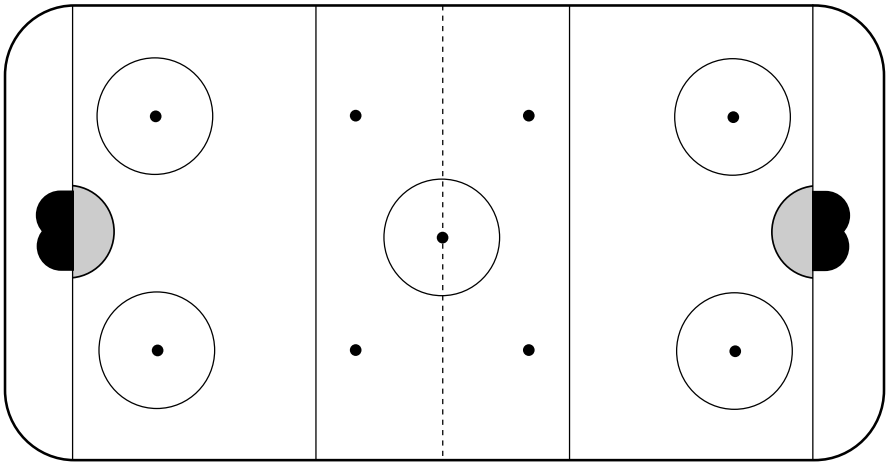
PENALTY CALLED?

☐ YES ☐ NO

NEW INJURY?

☐ YES ☐ NO

LOCATION (*X* on diagram where injury occurred)



Please indicate the injured player's defending goal

Brief description of injury (what happened): _____

_____

What action was taken for injury? _____

_____

Name of Person Treating _____ Phone _____