INJURY/INCIDENT REPORT FORM

This form must be completed any time an injury occurs that requires the use of the first aid kit, a participant leaves play or seeks medical attention due to the injury, or 911 is called. Complete the form fully and deposit in a sealed envelope in the injury report folder.

Date of injury/incident: _____ Time of day: _____

When did injury occur: ☐ League play ☐ Practice ☐ Private event/Ice rental

Form completed by: _____ Contact phone and/or email: _____

Participant Details

Name: _____ Age: _____

Role: ☐ Player ☐ Employee ☐ Coach ☐ Spectator ☐ Other: _____

Contact info (phone and/or email): _____

Parent/Guardian name if a minor: _____ ☐ Not applicable

Details of Incident (use reverse if more space needed)

Nature of condition: ☐ Injury ☐ Illness/other: _____

Body part injured: ☐ Head ☐ Neck ☐ Arm ☐ Hand ☐ Leg ☐ Foot ☐ Back ☐ Trunk ☐ Other:

When head is injured, return to play is NOT recommended

Describe what happened:

Actions Taken (use reverse if more space needed)

☐ Care refused – self-care preferred

First Aid Kit used: ☐ Yes (must complete first aid kit usage form) ☐ No

Sent to hospital by: ☐ Ambulance ☐ Car ☐ Not applicable

Describe what care was provided and by whom (if different from who is completing this form):

Provide any additional details here if applicable: