



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 is removed from play, 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

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 who (if different from who is completing this form):

Provide any additional details here if applicable: