



MCH
PLAYER INJURY REPORT

Player's Name _____

Team _____ Coach _____

Date of Injury _____ Location _____

Describe the injury and how it occurred _____

Did the player require medical treatment at the rink or hospital?

Was the player transported to the hospital by ambulance or parent/guardian?

If no parent or guardian was present, who was the responsible adult?

What was the diagnosis after medical evaluation?

Please complete this form after any injury that requires medical treatment and forward to:

MCH President
123 Ling Road
Rochester, NY 14612

Please note that if the player has an injury that prevents him/her from participating in team practices/games, there must be a doctor's release provided to MCH president PRIOR to the player returning to practices/games.

10/12/2009