

Field Hockey Federation Incident Report Form

Return the completed form to the Area Commissioner,
Safety Director or Tournament Director

- Complete this form for:
1. Injuries
 2. Incident--threats
 3. Incident--fighting--any type
 4. Property damage
 5. Law enforcement summoned

AFFECTED PARTY: Player Official Coach Spectator Volunteer Other _____						
Last Name			First Name		Club Affiliation:	
					Birthdate:	
Address:					FHF Membership No.	
City:		State:	ZIP	Phone # ()	Male Female	
Does the injured party have other medical insurance?						
If yes, please provide name of company and policy number:						
Employer name and address:						
GUARDIAN/PARENT (If affected party is a minor)					Telephone #	
Last Name			First Name		M ()	
Address		City		State	ZIP	
INCIDENT INFO:	Date of Incident:	Division:	Male:	Female:	Time of Incident: AM/PM	
Tournament Name and Location (If applicable)						
Team Involved #1			Coach Name:		Club:	
Team Involved #2			Coach Name:		Club:	
BODY PART INJURED			EQUIPMENT		PRIMARY INJURY	
Ankle (L/R)	Shoulder(L/R)	Tooth	Stick	Abrasion	Dislocation	Pain
Knee (L/R)	Wrist (L/R)	Back	Ball	Burn	Foreign Body	Seizures
Leg	Finger	neck	Goal	Cardiac	Fracture	Sting/Bite
Foot	Eye (L/R)	internal	Corner Flag post	Cold Injury	Heat Exhaustion	Sprain
Toe	Ear (L/R)	No Injury	Other	Concussion	Laceration	Strain
Arm	Nose	Other		Confusion	Nausea	
Hand	Head					
LOCATION		INCIDENT			DISPOSITION	
Before Competition/Event	Collision:	Animal Bite			<i>No care given:</i>	Not Needed
During Competition/Event	Participant/Spectator	Insect Sting			<i>Released:</i>	Patient Refused
After Competition/Event	With object	Slip/Fall			<i>Referral:</i>	To Parent
Competition Area	Participant/Participant	Overexertion			<i>EMS Transport:</i>	To Personal Vehicle
Concession Area	Spectator/Spectator	Assault/Sexual				To Doctor
Parking Lot		Assault/Non-Sexual				To Hospital/Clinic
Restrooms		Property Damage				Federation Recommended
Off Site						Patient/Parent Requested
Bleachers/Stands						
FIELD SURFACE: Dirt Grass Indoor		CLASSIFICATION:			Minor Injury or Illness	
Asphalt Artificial Turf		Non-Injury (Threat, assault)			Major Injury or Illness	
POLICE REPORT FILED: Yes No <i>If yes, report number:</i>				<i>Officer's Name and Badge #</i>		
Describe how the incident, injury or property damage occurred: (Use the backside or attach a separate sheet if necessary-- may attach a copy of Umpire's Game Misconduct Report)						
WITNESS INFORMATION-Confidential						
Name		Address			Telephone Number	
Person/volunteer completing/submitting this form:						
Name:		Signature		Ph: ()		
				Cell: ()		
Position/Title:		Email address:			Date:	