INJURY REPORTING FORM

One form must be completed for each *"injury"* is defined as: Any in-line 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___________________________

Position played at time of injury (F, 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
☐	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	☐	Chest
☐	Face/Nose	☐	Abdoment
☐	Eyes (s)	☐	Back/Spine
☐	Mouth/Teeth	☐	Buttocks
☐	Neck/Ear	☐	Groin
☐	Shoulder	☐	Hip
☐	Arm/Elbow	☐	Leg/Knee
☐	Wrist	☐	Ankle
☐	Hand/Finger	☐	Foot/Toe

INJURED'S CATEGORY			
☐	Player	☐	Coach
☐	Referee	☐	Manager
☐	Volunteer	☐	Spectator
☐	Other_______________		
INTENT TO INJURE?			
☐	YES	☐	NO
PENALTY CALLED?			
☐	YES	☐	NO
NEW INJURY?			
☐	YES	☐	NO

LOCATION (X on floor 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__________________________