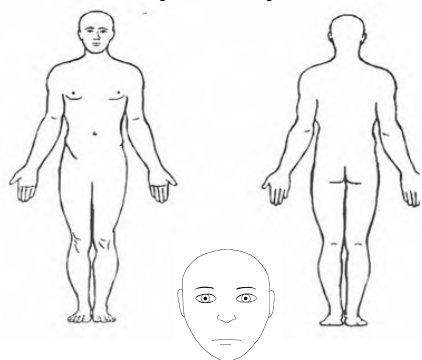


Sports Injury Report Form

Name of Person Injured			Address		
Date of Birth		Gender M / F		☎	
Person injured			Date/ time of Incident:		
Player Coach Other			Location of incident :		
Did it occur during			Location of incident :		
Training Game Other			☎		
Name of First Aider:			☎		
Witness :			☎		
Details of Incident: i.e collision , short corner , fall Was Protective equipment worn—i.e Face Mask					

Body Part Injured 		Type of Injury i.e. Cut, Sprain , ? Fracture , Illness Please state: Was an Ambulance Called Y/ N		Head Injury : Did the person loose consciousness Y/N Conscious level - A V P U Is Concussion suspected Y/ N	
		Was CPR Performed Y / N			
		Was an AED used Y/N		How many Shocks were given	

Additional Information:	
Follow up Action— None Medical Professional Hospital - (which hospital) Released into Parental Care / Guardian (U18) please state name of person - Refused Treatment—Signature	

Name of Person Filling in form:	Signature
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Note: Coaches without medical training should refer all medical decisions to an appropriate qualified person. **DO NOT** attempt to diagnose an injury. This form contains Confidential Information and should not be disclosed to anyone not having authority.

After Incident: Report and discuss follow up actions with:- • Director of Junior Hockey juniors@haslemerehockey.com and Child Welfare Officer cwo@haslemerehockey.com for all incidents involving U18s. • or Director of Hockey, dh@haslemerehockey.com. • Send completed form to Director of Junior Hockey or Director of Hockey.