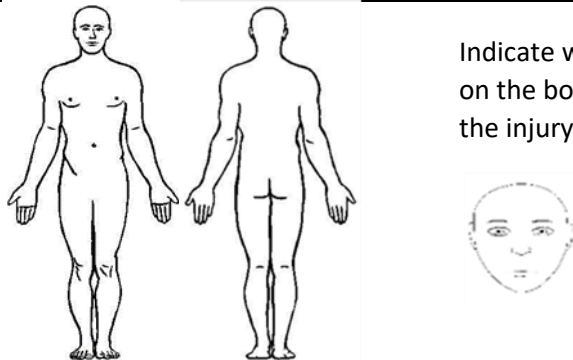




ACCIDENT / INJURY FORM

Name of Person Injured:		Home Address:	
Date of Birth:		☎	
Gender	M / F / O		
Date /Time of Incident		Location Of Incident:	
Was the person injured - Player Coach Other		Did it happen during - Game Training Other	
Details of Incident: (i.e Collision, short corner, fall)		Was protective equipment worn? (i.e Face Mask, Goalie)	
Type of Injury – (i.e Cut, Sprain, ?Fracture, Illness:		Witness: (also any person assisting)	
☎		Was CPR Preformed? YES / NO	
		Was AED used YES / NO	
Head Injury: Did the Person loose Consciousness? YES / NO Conscious Level A V P U Is Concussion Suspected? YES / NO		How many shocks were given –	
 <p>Indicate where on the body is the injury</p>		Follow up Action: None Advised to see Medical Professional Y / N Was an Ambulance called? Y / N Hospital (which Hospital) Y / N Taken To Hospital – By whom	
Released to Parental/ Guardian care (under 18) Please print name of person. Parent Guardian Signature:			
PATIENT REFUSED TREATMENT: (Sign and Print Name)			
Additional Information:			
First Aider: (Print Name)		☎	
Signature:			
Note: Medical treatments should be carried out by an appropriate qualified person. DO NOT attempt to diagnose an injury. This form contains Confidential Information must not be disclosed to anyone not having authority.			
After Incident: Report and discuss follow up actions with the Welfare Officer cwo@haslemerehockey.com for all incidents, both Adults and Juniors. Please fill in this form and send a copy via email to the CWO and place the signed copy in the Accident Form Box in the Clubhouse. Some incidents may need to be reported to regulatory bodies.			