



INJURY REPORT FORM

For internal use only. Not to be distributed.

Date:							
Division:	Mites	Junior Squirts			Senior Squirts		
	PeeWee	Bantam			Adult		
Body Part Injured:	Head	Cause of Injury:			Hit by Puck		
	Back				Hit by Stick		
	Mid-Section				Non-Contact Injury		
	Arm				Contact Injury/Collision		
	Leg				Wall/Bleacher/Net Collision		
	Other				Altercation		
Practice:	Before		During		After		
Period:	Before	1st	2nd	3rd	OT	After	Time Remaining:
Area of Occurrence:							
Status In Game:	Returned	Did Not Return	Sent to Hospital	Estimated Absence:			

Injured Participant				
Name				
Parent/Guardian				
Position	Player	Official	Team Official	Spectator

Has the Player sustained this injury before?
<i>If any medical or dental attention is required, additional forms regarding medical insurance and/or dental insurance must be filled out.</i>

Injury Description:

(Describe how the injury occurred. Include names and a full description of the events)

Lead Team Official:

Executive (if applicable):

Referee(s) (if applicable):

For Internal Use Only
Reviewed by Referee-In-Chief:

Reviewed by President:
