



## **Injury/Incident Report Form**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Site/Facility of Incident: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Role of injured person (circle one):    Athlete    Coach    Official    Spectator    Volunteer

Date of birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian/Parent (If injured person is a minor): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

Was the parent/guardian contacted about the incident?     Yes     No    Time: \_\_\_\_\_

When did the incident take place? (circle one): Practice    Game    Other: \_\_\_\_\_

Name of team: \_\_\_\_\_ Name of coach: \_\_\_\_\_

Name of official: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of witness: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of witness: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Describe the incident and how it occurred (Use additional pages as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was any rule violated which contributed to the injury?:     Yes     No

Describe the type of injury and the part of the body injured:

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Describe the treatment or actions taken:

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Name of person giving treatment: \_\_\_\_\_

Were emergency medical services contacted?:

Yes     No

Was the injured person transported to a medical facility?:

Yes     No

Additional

Comments: \_\_\_\_\_

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Signature of person filling out this form: \_\_\_\_\_

Signature of Coach/Official/Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*\*\*Submit this completed form to: [glacierhockeywf@gmail.com](mailto:glacierhockeywf@gmail.com)\*\*\*\*\***