**NATURE OF CONDITION:**

Concussion Laceration Fracture

Sprain Strain Contusion

Dislocation Separation

Internal Organ Injury

**DIVISION: REP HL**

U5 U7 U9 U11 U13

U15 U17 U22

Team I II

**TEAM INFORMATION** (To be completed by the Team Official)

Team Official (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Official Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Has the player sustained this injury before? Yes/No

If Yes how long ago\_\_\_\_\_\_\_\_\_\_\_

Is the injured player in the correct level for their age?

Yes/No

Was a Penalty called as a result of the incident Yes/No

**ON-SITE CARE:**

On-site Care Only Refused Care

Sent to Hospital by: Ambulance Car

**INJURY DATE:**\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_Sex (M) (F)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:(Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAUSE OF INJURY:**

* Non-Contact Injury
* Collision with Boards
* Collision with Net
* Collision with Player
* Checked from behind
* Hit by Stick
* Fight
* Blindsiding

**BRIEFLY DESCRIBE HOW ACCIDENT HAPPENED:** (Attach page/diagram if necessary)

**BODY PART INJURED:**

**Head:** Face Skull Throat Dental Eye Area

**Back:**  Neck Upper Lower

**Trunk:** Abdomen Ribs Chest

**Pelvis:** Hip Groin

**Arm:**  Left Right

 Collarbone Elbow Shoulder

Upper Arm

 Forearm Wrist Hand Finger

**Leg:**  Left Right

 Thigh Knee Shin Foot Toe

**INJURY LOCATION:**

Name of Arena: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Exhibition/Regular Season
* Playoffs/Tournament
* Practice
* Period 1 2 3 OT
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_