

Player Injury Report

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Player Name:	yer Name:InjuryDate/			
Player Address:				
Player/Parent Contact #:				
Player Team & Level:				
Head Coach on the Ice:				
Injury				
Background of the Injury:				
Treatment				
	Yes	No	Comments	
Was there an EMT or Doctor seen at the time of the injury?			If so; Who	
Reporting				
	Yes	No	Comments	
Was the parent or guardian notified of the injury?			If Yes; who & when	
Was the child removed from the ice as soon as they were injured?				
Was the child released at the time of the injury to a parent/guardian or medical personnel?			Released to who;	
Was the child allowed to go back on the ice?			If so, by who?	
NOTIFY ONE OF THE BOARD MEMBERS BELOW IMMEDIATELY				
Person Reporting Incident - Name		Contact Number		Date of Report
Board Was Notified and Recorded Email to administration@woodburyhockey.comDate://				