



Player Injury Report

Player Name: _____ Injury Date ___/___/___

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?	<input type="checkbox"/>	<input type="checkbox"/>	If so; Who
Reporting			
	Yes	No	Comments
Was the parent or guardian notified of the injury?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes; who & when
Was the child removed from the ice as soon as they were injured?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the child released at the time of the injury to a parent/guardian or medical personnel?	<input type="checkbox"/>	<input type="checkbox"/>	Released to who;
Was the child allowed to go back on the ice?	<input type="checkbox"/>	<input type="checkbox"/>	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

VP Operations Ryan Warner operations@woodburyhockey.com / C:651-246-0674

Date: ___/___/___