

Injury Report



**LITTLETON HAWKS
YOUTH HOCKEY
ASSOCIATION**

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Today's Date:	
Player Name:	
Parent/Guardian Name:	
Parent/Guardian Contact Phone:	
Parent/Guardian Contact Log	<input type="checkbox"/> Parent at site during injury <input type="checkbox"/> Parent contacted by phone <input type="checkbox"/> Other: _____ _____ _____
Team Name and Level:	
Team Contact:	
Team Contact Phone:	
Team Contact Email:	
Date Injury Occurred:	
Date Injury Recognized:	
Location Where Injury Occurred:	<input type="checkbox"/> On ice during practice <input type="checkbox"/> On ice during game <input type="checkbox"/> In locker room or arena, but not on ice <input type="checkbox"/> During travel to or from team activity
Nature of Injury:	<input type="checkbox"/> Trauma: Bruises <input type="checkbox"/> Trauma: Cut <input type="checkbox"/> Trauma: Fracture <input type="checkbox"/> Trauma: Concussion/Brain Injury <input type="checkbox"/> Other (describe): _____ _____ _____
If the injury is from trauma, choose primary object of contact:	<input type="checkbox"/> Injury not from trauma <input type="checkbox"/> Trauma from opponent's stick <input type="checkbox"/> Player contact with ice <input type="checkbox"/> Player contact with boards <input type="checkbox"/> Player to player contact <input type="checkbox"/> Struck by the puck <input type="checkbox"/> Other or Combination (describe): _____ _____
Injury Classification	Ambulance/Emergency Personnel called to scene: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Level One: Required Admission to hospital <input type="checkbox"/> Level Two: Visit to emergency room, doctor, dentist, chiropractor or other medical professional <input type="checkbox"/> Level Three: Injury noted without doctor's diagnosis
Injury Diagnosis/Description:	
Injury Treatment:	
Expected length of time off practice/games:	