



# South Carolina Scholastic Hockey Association

## Injury Incident Reporting Form

Submit completed forms to [kab@useipi.com](mailto:kab@useipi.com)

The intent of this form is to notify the South Carolina Scholastic Hockey Association's Board of Executives of any injuries that may have occurred during any USAH sanctioned on-ice event or other planned team events. Submission of this form leads to preliminary investigations to ensure the safety of all members within the association.

### To be completed within 48 hours of event

Location of Incident: \_\_\_\_\_

Date and time of Incident: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Associated team or program: \_\_\_\_\_

Description of events: (include medical attention provided on site, referrals for follow-up care)

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

Name of witnesses: \_\_\_\_\_

Name of person submitting form: \_\_\_\_\_

Contact information: \_\_\_\_\_

Role within SCSHA: \_\_\_\_\_

Signature: \_\_\_\_\_

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