West Kelowna Senior Warriors Hockey Club - Injury Report

INJURED PERSON:		Name		Phone #	
Player	☐	Address			
Team Official	☐	City		Cell Phone #	
Spectator	☐	Prov			
Other	☐	Postal Code	Email address		

Date OF BIRTH M/D/Y		Gender	Male ☐	Female ☐

DATE OF INJURY M/D/Y		DATE OF REPORT M/D/Y	

DIVISION		BODY PART														
55 +	☐	ARM:	L	R	LEG:	L	R	HEAD:	L	R	TRUNK / PELVIS:	L	R	BACK:	
70+	☐		☐	☐		☐	☐		☐	☐		☐	☐	Neck	☐
ON SITE CARE		Shoulder		☐	Shin		☐	Eye Area		☐	Abdomen		☐	Upper	☐
On Site Only	☐	Upper Arm		☐	Knee		☐	Face		☐	Chest		☐	Lower	☐
Refused Care	☐	Collarbone		☐	Toe		☐	Throat		☐	Ribs		☐		
Ambulance to Hospital	☐	Elbow		☐	Thigh		☐	Skull		☐	Hip		☐		
Vehicle to Hospital	☐	Hand/ Finger		☐	Foot		☐	Dental		☐	Groin		☐		
		Forearm / Wrist		☐											
		OTHER:													

NATURE OF CONDITION						LOCATION					
Concussion	☐	Separation	☐	Laceration	☐	Defensive Zone	☐	Offensive Zone	☐	Stands	☐
Sprain	☐	Fracture	☐	Strain	☐	Behind the Net	☐	Dressing Room	☐	Bench	☐
Dislocation	☐	Contusion	☐	Internal	☐	Parking Lot	☐	Neutral Zone	☐	3' from Boards	☐
						Other	☐				

CAUSE OF INJURY							
Hit by Puck	☐	Hit with Stick	☐	Fall on Ice	☐	Fight	☐
Collision Boards	☐	Open Ice Collision	☐	Check from Behind	☐	Blindsiding	☐
Non Contact	☐	Player Collision	☐	Net Collision	☐	Other	☐

CARDIAC AND OTHER					
Chest discomfort	☐	Pale / sweaty	☐		
Sudden collapse	☐	Gray / ashen appear	☐		
Shortness of breath	☐	Confusion	☐	Other	☐

EQUIPMENT WORN AT TIME OF INJURY			
Full Face Mask	☐	Throat Protector	☐
Helmet Only	☐	Short Gloves	☐
Half Face Shield/Visor	☐	Long Gloves	☐
Shoulder Pads	☐	Other	☐

ADDITIONAL INFORMATION			
Has the person sustained this injury before	☐	When M/D/Y	
Estimated absence from hockey			
Did the incident result in discipline to this person or another person			☐

DESCRIPTION OF INCIDENT	Prepared By		Date M/D/Y	