



South Australian Ice Hockey Association: INJURY REPORT FORM

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE: / / .

INJURED PARTICIPANT: Player Team Official Game Official Spectator

Name: _____ D.O.B: ____ / ____ / ____ Sex: (M) (F)

Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone: () _____

Parent / Guardian: _____

DIVISION:

Pee Wees Bantams C Grade B Grade A Grade Old Timers Team Official Game Official Spectator

BODY PART INJURED:

<u>Head</u>	<u>Back</u>	<u>Trunk</u>	<u>Arm</u>	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<u>Pelvis</u>	<u>Leg</u>	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> Eye Area <input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Ribs	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand/Finger	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh	<input type="checkbox"/> Foot		
<input type="checkbox"/> Throat <input type="checkbox"/> Dental	<input type="checkbox"/> Upper	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Forearm/Wrist	<input type="checkbox"/> Groin	<input type="checkbox"/> Knee	<input type="checkbox"/> Toe		
<input type="checkbox"/> Skull	<input type="checkbox"/> Lower	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/> Collarbone	<input type="checkbox"/> Shin	<input type="checkbox"/> Other			

NATURE OF CONDITION:

Concussion Laceration Fracture Sprain Strain
 Contusion Dislocation Separation Internal Organ Injury

ON-SITE CARE:

On-site care only Refused Care
 Sent to Hospital by: Ambulance Car

INJURY CONDITIONS: Name of arena/location: _____

Exhibition / Regular Season **Playoffs / Tournament** **Practice** **Try-outs** **Other**

Warm-up Period #1 Period #2 Period #3 Overtime # _____

Dry Land Training Gradual Onset Other Sport Other

Was the injured player in the correct league and level for their age group? Yes No

Was this a sanctioned IHSA activity? Yes No

CAUSE OF INJURY:

Hit by Puck Collision with Boards Non-contact Injury
 Hit by Stick Collision on Open Ice Collision with Opponent
 Fall on Ice Checked from Behind Collision with Net
 Fight Blindsiding

LOCATION:

Defensive Zone Offensive Zone Neutral Zone
 Behind the Net 3ft from Boards
 Spectator Area Bench
 Changeroom Parking Lot Other

WEARING WHEN INJURED:

Full Face Mask Mouthguard Short Gloves
 Half Face Shield/Visor Neck Protector Long Gloves
 Helmet/No Face Shield No Helmet/No Face Shield

ADDITIONAL INFORMATION:

Has the player sustained this injury before? Yes No
If "Yes", how long ago? _____
Was a penalty called as a result of the incident? Yes No
Estimated absence from hockey?
 1 week 1-3 weeks 3+ weeks

DESCRIBE HOW ACCIDENT HAPPENED: (Attach page if necessary)

I hereby authorise any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child to furnish the South Australian Ice Hockey Association any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital and medical records. A Photocopy of this authorisation shall be considered as effective and valid as the original.

Signed: _____ Date: _____
(Parent/Guardian if under 18 years of age)

TEAM INFORMATION: (To be completed by a Team Official)

Association: _____ Team Name: _____

Team Official (Print): _____ Team Official Position: _____

Signature: _____ Date: _____