

# Burlington Lions Optimist Minor Hockey Association

## CASE INJURY REPORT



**NOTE:** Report serious injuries immediately to the ALLIANCE Office.

This form is to be completed in all cases where an injury is sustained by a player, participant or any other person in an ALLIANCE activity.

**DIVISION**

<input type="checkbox"/> Development 4/5	<input type="checkbox"/> Minor PeeWee
<input type="checkbox"/> Development 6/7	<input type="checkbox"/> PeeWee
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Minor Bantam
<input type="checkbox"/> Novice	<input type="checkbox"/> Bantam
<input type="checkbox"/> Minor Atom	<input type="checkbox"/> Minor Midget
<input type="checkbox"/> Atom	<input type="checkbox"/> Midget

**CATEGORY**

House League  
 Select  
 Rep

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**TYPE OF GAME**

League       Playoff  
 Exhibition       Tournament

**INJURED PERSON**     Player     Referee     Spectator     Other

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Name \_\_\_\_\_ Date of Birth DD / MM / YY      Sex     Male     Female

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Address \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_ Telephone \_\_\_\_\_

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Team Name \_\_\_\_\_ Game No. \_\_\_\_\_ Coach's Name \_\_\_\_\_

INJURY	SIDE	TIME	DISPOSITION
Date occurred <u>DD / MM / YY</u>	<input type="checkbox"/> Left	<input type="checkbox"/> Morning	<input type="checkbox"/> On-site care only
Injured body part _____	<input type="checkbox"/> Right	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Hospital by <input type="checkbox"/> Ambulance <input type="checkbox"/> Car
Condition _____	<input type="checkbox"/> Both	<input type="checkbox"/> Evening	Name _____
(Laceration, concussion, fracture, sprain, etc.)	<input type="checkbox"/> N/A	<input type="checkbox"/> After hours	<input type="checkbox"/> Refused care

OCCASION	LOCATION	ACTIVITY
<input type="checkbox"/> Home <input type="checkbox"/> Away	<input type="checkbox"/> On ice zone	<input type="checkbox"/> Attacking <input type="checkbox"/> with puck <input type="checkbox"/> without puck
<input type="checkbox"/> To game <input type="checkbox"/> From game	<input type="checkbox"/> Defensive <input type="checkbox"/> Neutral	<input type="checkbox"/> Defending
<input type="checkbox"/> Warm-up (before game)	<input type="checkbox"/> Offensive <input type="checkbox"/> Goal crease	<input type="checkbox"/> Passing
<input type="checkbox"/> During game _____ period	<input type="checkbox"/> Bench <input type="checkbox"/> Player <input type="checkbox"/> Penalty	<input type="checkbox"/> Shooting
<input type="checkbox"/> Between periods	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Clearing puck
<input type="checkbox"/> After game	<input type="checkbox"/> Spectator Seating	<input type="checkbox"/> Freezing puck
<input type="checkbox"/> During practice <input type="checkbox"/> early <input type="checkbox"/> mid <input type="checkbox"/> late	<input type="checkbox"/> Corner <input type="checkbox"/> End <input type="checkbox"/> Side	<input type="checkbox"/> Fighting
<input type="checkbox"/> Practice game	<input type="checkbox"/> Steps <input type="checkbox"/> Parking Lot	<input type="checkbox"/> Spectator
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

SOURCE OF INJURY	POSITION	PENALTY
<input type="checkbox"/> Hit by puck	<input type="checkbox"/> Forward	Was a penalty called? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cut by skate	<input type="checkbox"/> Defense	Penalty was called on:
Collided with:	<input type="checkbox"/> Goal	<input type="checkbox"/> Opponent <input type="checkbox"/> Injured player
<input type="checkbox"/> Net <input type="checkbox"/> Opponent		
<input type="checkbox"/> Boards <input type="checkbox"/> Teammate		
<input type="checkbox"/> Clean Check		
<input type="checkbox"/> Body <input type="checkbox"/> Into Boards		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Non-contact Injury		
<input type="checkbox"/> Checked from behind		
<input type="checkbox"/> Struck by opponent		
<input type="checkbox"/> Tripped by opponent		
<input type="checkbox"/> High Sticking		
<input type="checkbox"/> Speared		
<input type="checkbox"/> Slashed		

**ESTIMATED ABSENCE FROM HOCKEY**

Less than one (1) week  
 One (1) to three (3) weeks  
 More than three (3) weeks

**BRIEFLY DESCRIBE HOW ACCIDENT OCCURRED:**

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

(Use back for any other comments)

Trainer Name \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Trainer Certification # \_\_\_\_\_

WITNESS 1	WITNESS 2
Name _____	Name _____
Address _____ City _____ PC _____	Address _____ City _____ PC _____
Telephone Day _____ Evening _____	Telephone Day _____ Evening _____
Email address _____	Email address _____