NORTHWEST MONTANA
YOUTH HOCKEY ASSOCIATION
PO BOX 905
WHITEFISH, MT 59937

ONE VALLEY. ONE TEAM.

INJURY/INCIDENT REPORT FORM

Date of Incident: _____Time of Incident: _____

Site/Facility of Incident: _____

Name of injured person: _____

Role of injured person (circle one): Athlete Coach Official Spectator Volunteer

Date of birth: _____ Telephone Number: _____

Address:_____

Guardian/Parent (If injured person is a minor):_____

Name: _____

Address:_____

Telephone number:_____

Was the parent/guardian contacted about the incident? Yes / No

Time: _____ When did the incident take place? (circle one): Practice Game Other:_____

Name of team:_____ Name of coach:_____

Name of official:_____ Telephone #:_____

Name of witness:_____ Telephone #:_____

Name of witness:_____ Telephone #:_____

Describe the incident and how it occurred (Use additional pages as needed):

_____

_____

_____

_____

_____

Was any rule violated which contributed to the injury?: Yes / No

Describe the type of injury and the part of the body injured:_____

_____

_____

_____

_____

Describe the treatment or actions taken: _____

_____

_____

_____

Name of person giving treatment: _____

Were emergency medical services contacted?: Yes / No

Was the injured person transported to a medical facility?: No

Additional Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of person filling out this form: _____

Signature of Coach/Official/Witness: _____

Date: _____

SUBMIT COMPLETED FORM TO ahayes@snowghosthockey.org