

**TOWNSVILLE HOCKEY ASSOCIATION  
INJURY REPORT**

**DATE & TIME OF INCIDENT:** \_\_\_\_\_

**COMPETITION:**                      **MEN**                      **WOMEN**                      **JUNIORS**

**FIELD:**                              **WATERHOLE**    **BILLABONG**                      **BEARS**                      **HAWKS**                      **PANTHERS**                      **ROOS**

**DIVISION / AGE GROUP:**    **D1**    **D2**    **D3**    **D4**    **MASTERS**                      **J LEAGUE**                      **U15**                      **U13**                      **U10**                      **MINI**

**MATCH:**                              \_\_\_\_\_                      **VS**                      \_\_\_\_\_

**NAME OF INJURED PERSON:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_

**Nature of Injury/Illness (Tick all that apply)**

- Abrasion/Graze
- Sprain/Strain
- Open wound/laceration
- Bruise/Contusion
- Inflammation/Swelling
- Fracture
- Dislocation
- Concussion
- Cardiac problem
- Respiratory problem
- Loss of consciousness
- Other: \_\_\_\_\_

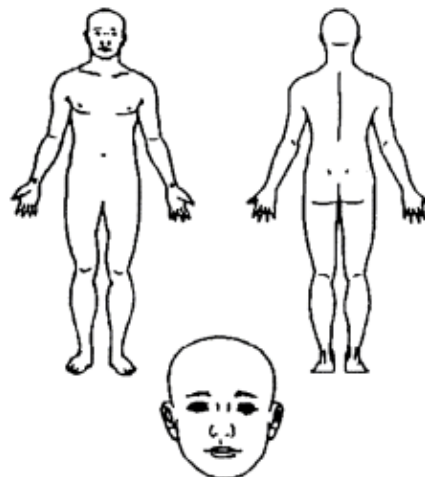
**Initial Treatment (Tick all that apply)**

- None given (not required)
- None given (referred elsewhere)
- Ambulance called
- Ice
- Dressing
- Taping only
- Sling/Splint
- CPR
- Other: \_\_\_\_\_

**Cause of Injury**

- Struck by another player
- Struck by ball or object
- Collision with another player or object
- Overexertion (eg. Muscle tear)
- Temperature related (eg. Heat Stress)
- Other: \_\_\_\_\_

**Body Region Injured (Tick or circle injured part and write name)**



Injured player under 18 years of age parent signature: \_\_\_\_\_

REPORTED BY (Print Name): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE & TIME REPORTED: \_\_\_\_\_