



## CONCUSSION INCIDENT FORM

INCIDENT REPORT FORM			
<b>Participant Information</b>		Date:	
Last Name:		First Name:	
Phone:		Province:	
Gender    Male <input type="checkbox"/> Female <input type="checkbox"/>		Age:	
Club / League:			
Relevant other medical conditions			
INCIDENT INFORMATION REPORT			
Date of incident:			
Time of first intervention:			
Time of medical support:			
Describe the incident			
Conditions: (describe any significant information like surface quality):			
Actions Taken:			
After intervention, the individual was:		<input type="checkbox"/> sent home	<input type="checkbox"/> sent to hospital
		<input type="checkbox"/> back on the ice	
Form completed by:			
Print			
Date	Signature		

*Information provided in this form will remain private and confidential.*

COMPLETED FORMS MUST BE SUBMITTED TO RINGETTE CANADA [ringette@ringette.ca](mailto:ringette@ringette.ca)

***"It's better to miss one game than the whole season."***

- U.S. Department of Health and Human Services Centres for Disease Control and Prevention.

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