



Florida Scholastic Hockey League
Incident Report

Date of Incident: _____
Student Name: _____ Age: _____
Address: _____
Home Phone Number: _____
School Name: _____
Time of Injury: _____ Location of Incident: _____
Reported by Whom: _____

Statement on how injury could have been prevented:

Location of Injury – Part of Body Injured

<input type="checkbox"/> head	<input type="checkbox"/> face	<input type="checkbox"/> eye right – left	<input type="checkbox"/> ear right – left
<input type="checkbox"/> mouth	<input type="checkbox"/> heart	<input type="checkbox"/> back	<input type="checkbox"/> trunk
<input type="checkbox"/> arm right – left	<input type="checkbox"/> wrist right – left	<input type="checkbox"/> hand right – left	<input type="checkbox"/> knee right – left
<input type="checkbox"/> leg right – left	<input type="checkbox"/> foot right – left	<input type="checkbox"/> hip right – left	<input type="checkbox"/> neck
<input type="checkbox"/> groin	<input type="checkbox"/> shoulder right – left	<input type="checkbox"/> thumb right – left	
<input type="checkbox"/> finger _____		<input type="checkbox"/> toe _____	
<input type="checkbox"/> Other _____			

Description of Injury: _____

Was Student given First Aid? _____	Parent Notified _____
Was EMS called _____	Student left with parent _____
Taken to ER _____	Student left with other _____
By whom _____	

Signature

Date