



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

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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 _____			

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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