

NOTE: Report serious injuries immediately to the OMHA Office

Ontario Minor
Hockey Association
CASE REPORT



This form is to be completed in all cases where an injury is sustained by a player, participant or any other person in an OMHA activity

DIVISION <input type="checkbox"/> Novice <input type="checkbox"/> Minor <input type="checkbox"/> Atom <input type="checkbox"/> Minor <input type="checkbox"/> Pee Wee <input type="checkbox"/> Minor <input type="checkbox"/> Bantam <input type="checkbox"/> Minor <input type="checkbox"/> Midget <input type="checkbox"/> Minor <input type="checkbox"/> Juvenile <input type="checkbox"/> Minor <input type="checkbox"/> Other: _____	CATEGORY <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> House League <input type="checkbox"/> BB <input type="checkbox"/> A <input type="checkbox"/> Local League <input type="checkbox"/> CC <input type="checkbox"/> B <input type="checkbox"/> Select <input type="checkbox"/> DD <input type="checkbox"/> C <input type="checkbox"/> Additional <input type="checkbox"/> D Entry <input type="checkbox"/> E	TYPE OF GAME <input type="checkbox"/> League <input type="checkbox"/> Exhibition <input type="checkbox"/> Playdown <input type="checkbox"/> Tournament
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Is Body Contact/Checking Allowed In House/Local League? Yes No

INJURED: (Player) (Referee) (Spectator) (Other: _____)
 Name: _____ Age: _____ Sex: (M) (F)
 Address: _____ Phone: _____
 City/Town: _____ Postal Code: _____
 Team Name: _____ Centre: _____

INJURY:	SIDE	TIME	DISPOSITION
Date Occurred: _____	<input type="checkbox"/> Left	<input type="checkbox"/> Morning	<input type="checkbox"/> On-Site Care Only
Injured Body Part: _____	<input type="checkbox"/> Right	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Hospital by: <input type="checkbox"/> Ambulance
Condition: _____ (Laceration, concussion, fracture, sprain etc.)	<input type="checkbox"/> Both	<input type="checkbox"/> Evening	<input type="checkbox"/> Car
	<input type="checkbox"/> N/A	<input type="checkbox"/> After Hours	Name: _____
			<input type="checkbox"/> Refused Care

OCCASION	LOCATION	ACTIVITY
<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> (To) (From) Game <input type="checkbox"/> Warm-up (Before Game) <input type="checkbox"/> During Game (____ Period) <input type="checkbox"/> Between Periods <input type="checkbox"/> After Game <input type="checkbox"/> During Practice _____ early _____ mid _____ late <input type="checkbox"/> Practice Game <input type="checkbox"/> Other: _____	<input type="checkbox"/> On Ice _____ Defensive _____ Neutral _____ Offensive _____ Goal Crease <input type="checkbox"/> Bench _____ Player _____ Penalty <input type="checkbox"/> Locker Room <input type="checkbox"/> Spectator Seating _____ Corner _____ End _____ Side <input type="checkbox"/> Steps <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other: _____	<input type="checkbox"/> Attacking (with) (without) Puck <input type="checkbox"/> Defending <input type="checkbox"/> Passing <input type="checkbox"/> Shooting <input type="checkbox"/> Clearing Puck <input type="checkbox"/> Freezing Puck <input type="checkbox"/> Fighting <input type="checkbox"/> Spectator <input type="checkbox"/> Other: _____

SOURCE OF INJURY	POSITION	PENALTY
<input type="checkbox"/> Hit by Puck <input type="checkbox"/> Cut by Skate <input type="checkbox"/> Collided with: ____ Net ____ Opponent ____ Boards ____ Team mate <input type="checkbox"/> Clean Check ____ Body ____ Into Boards	<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goal	Was a penalty called? <input type="checkbox"/> Yes <input type="checkbox"/> No Penalty was called on: <input type="checkbox"/> Opponent <input type="checkbox"/> Injured Player
<input type="checkbox"/> Non-Contact Injury <input type="checkbox"/> Other <input type="checkbox"/> Checked from behind <input type="checkbox"/> Struck by opponent <input type="checkbox"/> Tripped by opponent <input type="checkbox"/> High Sticking <input type="checkbox"/> Speared <input type="checkbox"/> Slashed		

BRIEFLY DESCRIBE HOW ACCIDENT OCCURRED:	ESTIMATED ABSENCE FROM HOCKEY
(over for witness information)	<input type="checkbox"/> Less Than One (1) Week <input type="checkbox"/> One (1) to Three (3) Weeks <input type="checkbox"/> More Than Three (3) Weeks
	Trainer Name: _____ OMHA Cert.#: _____ Level: _____

Did the Hockey Trainer Certification Program assist you in your management of the injury situation? Yes No

Trainer Signature: _____ Phone #: _____ Date: _____

PLEASE COMPLETE AND RETURN TO OMHA, 25 BRODIE DR., UNIT 3, RICHMOND HILL, ON L4B 3K7 – Fax: (905) 780-0344

WITNESSES

NAME

ADDRESS

Postal

Postal

DAY PHONE

EVENING PHONE

E-MAIL ADDRESS

COMMENTS:

COMPLETE ALL INFORMATION AND RETURN TO:

Ontario Minor Hockey Association

25 Brodie Road, Unit 3

Richmond Hill, Ontario

L4B 3K7

Fax: (905) 780-0344