

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: Date Occurred: _____ Injured Body Part: _____ Condition: _____ <i>(Laceration, concussion, fracture, sprain etc.)</i>	SIDE <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> N/A	TIME <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> After Hours	DISPOSITION <input type="checkbox"/> On-Site Care Only <input type="checkbox"/> Hospital by: <input type="checkbox"/> Ambulance <input type="checkbox"/> Car Name: _____ <input type="checkbox"/> Refused Care
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OCCASION <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: _____	LOCATION <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: _____	ACTIVITY <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: _____
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SOURCE OF INJURY <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"/> 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	POSITION <input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goal	PENALTY 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
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BRIEFLY DESCRIBE HOW ACCIDENT OCCURRED: (over for witness information)	ESTIMATED ABSENCE FROM HOCKEY <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
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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. FOLD IN HALF AND STAPLE

Place
proper
postage
here



Ontario Minor Hockey Association
25 Brodie Road, Unit 3
Richmond Hill, Ontario
L4B 3K7