



RINGETTE | RINGUETTE  
CANADA

## CONCUSSION INCIDENT FORM

| INCIDENT REPORT FORM   |              |  |   |
|--|--------------|--|---|
| Participant Information  |              | Date:                                    |   |
| Last Name:   |              | First Name:                              |   |
| Phone:   |              | Province:                                |   |
| Gender   | Girl / Woman | Boy/ Man                                 | Non-binary person (including agender, genderqueer, genderfluid and bi/polygender) |
| Prefer not to say  |              |  | 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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