



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

"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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