

Field Hockey Federation Incident Report Form

Return the completed form to the Area Commissioner,
Safety Director or Tournament Director

- Complete this form for:
1. Injuries
 2. Incident--threats
 3. Incident--fighting--any type
 4. Property damage
 5. Law enforcement summoned

| | | | | | | |
|--|-------------------------|------------------------------|------------------|-----------------------------------|----------------------------|------------|
| AFFECTED PARTY: Player Official Coach Spectator Volunteer Other _____ | | | | | | |
| Last Name | | | First Name | | Club Affiliation: | |
| | | | | | Birthdate: | |
| Address: | | | | | FHF Membership No. | |
| City: | | State: | ZIP | Phone # () | Male Female | |
| Does the injured party have other medical insurance? | | | | | | |
| If yes, please provide name of company and policy number: | | | | | | |
| Employer name and address: | | | | | | |
| GUARDIAN/PARENT (If affected party is a minor) | | | | | Telephone # | |
| Last Name | | | First Name | | M () | |
| Address | | City | | State | ZIP | |
| INCIDENT INFO: | Date of Incident: | Division: | Male: | Female: | Time of Incident: AM/PM | |
| Tournament Name and Location (If applicable) | | | | | | |
| Team Involved #1 | | | Coach Name: | | Club: | |
| Team Involved #2 | | | Coach Name: | | Club: | |
| BODY PART INJURED | | EQUIPMENT | | PRIMARY INJURY | | |
| Ankle (L/R) | Shoulder(L/R) | Tooth | Stick | Abrasion | Dislocation | Pain |
| Knee (L/R) | Wrist (L/R) | Back | Ball | Burn | Foreign Body | Seizures |
| Leg | Finger | neck | Goal | Cardiac | Fracture | Sting/Bite |
| Foot | Eye (L/R) | internal | Corner Flag post | Cold Injury | Heat Exhaustion | Sprain |
| Toe | Ear (L/R) | No Injury | Other | Concussion | Laceration | Strain |
| Arm | Nose | Other | | Confusion | Nausea | |
| Hand | Head | | | | | |
| LOCATION | | INCIDENT | | DISPOSITION | | |
| Before Competition/Event | Collision: | Animal Bite | | <i>No care given:</i> | Not Needed | |
| During Competition/Event | Participant/Spectator | Insect Sting | | <i>Released:</i> | Patient Refused | |
| After Competition/Event | With object | Slip/Fall | | <i>Referral:</i> | To Parent | |
| Competition Area | Participant/Participant | Overexertion | | <i>EMS Transport:</i> | To Personal Vehicle | |
| Concession Area | Spectator/Spectator | Assault/Sexual | | | To Doctor | |
| Parking Lot | | Assault/Non-Sexual | | | To Hospital/Clinic | |
| Restrooms | | Property Damage | | | Federation Recommended | |
| Off Site | | | | | Patient/Parent Requested | |
| Bleachers/Stands | | | | | | |
| FIELD SURFACE: Dirt Grass Indoor | | CLASSIFICATION: | | Minor Injury or Illness | | |
| Asphalt Artificial Turf | | Non-Injury (Threat, assault) | | Major Injury or Illness | | |
| POLICE REPORT FILED: Yes No <i>If yes, report number:</i> | | | | <i>Officer's Name and Badge #</i> | | |
| Describe how the incident, injury or property damage occurred: (Use the backside or attach a separate sheet if necessary-- may attach a copy of Umpire's Game Misconduct Report) | | | | | | |
| | | | | | | |
| WITNESS INFORMATION-Confidential | | | | | | |
| Name | | Address | | Telephone Number | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Person/volunteer completing/submitting this form: | | | | | | |
| Name: | | Signature | | Ph: () | | |
| | | | | Cell: () | | |
| Position/Title: | | Email address: | | Date: | | |
| | | | | | | |