CLUB INJURY REPORT SUMMARY

Please review all club injury reports and complete the below form.

Skating Club:_____
Medical/First Aid Convenor:_____
Convenor's Phone Number:_____

Reporting period ___/___/___ (dd mm yy) to ___/___/___ (dd mm yy)

Number of First Aid incidents	
Number referred for further assessment/treatment	
Number requiring immediate medical assistance (ambulance or parent takes skater to emergency room	

Please indicate the number of injuries that occurred in below locations.

Head	Leg	Arm	Foot	Hand	Back	Knee

Please download and complete. Return the completed form to:

Sport Science Committee
Skate Canada-Western Ontario
237 Consortium Court
London, ON N6E 2S8
519-686-0593 (F)

by April 1st and after Summer School