



# Injury Report Form

Please complete this form within 48 hours of the injury occurring. If the injury caused, or could have caused, serious injury or property damage, please contact YK Galaxy Academy at 867-686-3467 immediately.

Form is to be completed by the person involved or if incapacitated then by nearest relative.

Please email completed form to [ykgalaxyinfor@gmail.com](mailto:ykgalaxyinfor@gmail.com)

## PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

EMAIL ADDRESS:

STREET ADDRESS:

CITY:

PROVINCE/TERRITORY:

POSTAL CODE:

PHONE NUMBER:

## INJURY INFORMATION

DATE INJURY OCCURRED

TIME INJURY OCCURRED

WHAT FACILITY DID THE INJURY OCCUR IN?

WHAT IS THE NATURE OF THE INJURY?

Accident (i.e. Concussion, sprain etc.)

Medical/Illness

Other

DESCRIBE THE INCIDENT IN AS MUCH DETAIL AS POSSIBLE

WHAT PART OF THE BODY WAS AFFECTED?

PLEASE CHECK THE FOLLOWING (CHECK ALL THAT APPLY):

First-Aid Administered

CPR Administered

EMS Contacted

NAME (PRINT)

SIGNATURE

DATE

**OFFICE USE**

DATE RECEIVED

RECEIVED BY

WAS THE CLUB/ LEAGUE NOTIFIED?

Yes

No

WAS AN INSURANCE CLAIM SUBMITTED?

Yes

No