

SAFETY ASSESSMENT FORM

Instructions: Safety assessment forms should be filled out by the senior coaching staff member present at the time of the injury within 48 hrs of the injury. Forms can be emailed directly to Whalers Safety Committee at whalersafety@gmail.com or placed in the box in the Whalers office.

PLAYER NAME	Team
CONTACT INFORMATION FOR COACH	I (individual filling out form)
Name	
Phone	Email
PLAYER CONTACT INFORMATION:	
Parent name (s)	
Phone	_ Email
DATE OF INCIDENCE	
TIME OF INJURY, ANY ADDITIONAL DI	T, PLAYER'S INITIAL RESPONSE/SYMPTOMS, WHAT WAS DONE AT ETAILS NEEDED)
·	VALUATION, FOLLOW-UP WITH PARENTS, ETC.)

ADDITIONAL PAGES MAY BE ATTACHED.