



## Foothills Lacrosse Association Incident Report Form

### Section 1: Injured Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Role (circle): Athlete Coach Spectator Referee

Team (circle): U7 U9 U11 U13 U15 U17 Junior B

### Section 2: Details of Event

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location/Arena: \_\_\_\_\_

When did the injury occur (circle): Practice Conditioning Game

If during a game, when did it occur (circle):

Warm-up Period 1 Period 2 Period 3 After the game

Where did the injury occur (circle): Dressing Room Arena Floor Other \_\_\_\_\_

If on the arena floor (circle): Players bench Defensive Zone Offensive Zone

What was involved in the injury (circle): Another player Stick Ball Boards Goal/Net

Was the playing surface clear of debris (i.e. sticks, water, etc.)? Yes / No

Was the playing surface checked prior to the game/practice? Yes / No

### Section 3: Details of Incident/Injury

Body part injured: \_\_\_\_\_

Explanation of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Safety equipment worn (circle all that apply):

Mouth guard

Chin Strap

Kidney Pads

Helmet

Slash Guards

Shoulder Pads



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Was time lost from participation because of the incident? Yes / No

If yes, how much time: \_\_\_\_\_

Initial first aid given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who provided initial first aid (position and name): \_\_\_\_\_

Further first aid given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the athlete referred to a physician? Yes / No

Doctor's note provided: Yes / No

Details: \_\_\_\_\_

Did the athlete receive medical clearance to return to play? Yes / No

Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no, when and why did the athlete return to play: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was an ambulance called? Yes / No

Was the athlete transported to hospital? Yes / No

If yes, by whom: Ambulance Parent Other: \_\_\_\_\_

History of prior concussion(s): Yes / No

Name of person completing form: \_\_\_\_\_

Signature of team official: \_\_\_\_\_

Team position: \_\_\_\_\_