

**Lakeland HEAT Lacrosse Accident Report Form**

**Date of report:** \_\_\_\_\_

**Patient information:**

Last name: \_\_\_\_\_ first name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E mail: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Sex: \_\_M \_\_F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: dd\_\_\_/ mm\_\_\_/ yy yy \_\_\_\_\_

Known medical conditions/allergies:

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

**Incident information**

Date and time of incident: \_\_\_\_\_

Time of first intervention: \_\_\_\_\_ Time of medical support arrival: \_\_\_\_\_

**Charge person, describe the incident:** ( What took place, where it took place, where were the signs and symptoms of the patient):

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

**Patient describe the incident:** (see above):

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

Event and conditions: (What was the event during which the incident took place, location of the incident, surface quality, light, weather etc.):

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Action taken:

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After treatment, the patient was:

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Sent home       Sent to the hospital       Returned to activity

### Charge person information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Role (coach, assistant, parent, official, bystander,): \_\_\_\_\_

### Witness Information

(Someone who observed the incident and the response, not the charge person)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

