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:MF 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 inciden were the signs and symptoms of the patien	nt: (What took place, where it took place, where nt):						
Patient describe the incident: (see al	bove):						
Charge person, describe the incident were the signs and symptoms of the patient the signs are signs and symptoms of the patient the signs are signs and symptoms of the patient the signs are signs and symptoms of the patient the signs are signs and symptoms of the patient the signs are si	nt: (What took place, where it took place, where nt):						

Event and conditions: (What was ncident, surface quality, light, w	veather etc.):
Action taken:	
After treatment, the patient was	s:
Sent home	Sent to the hospital Returned to activity
Sent home	Sent to the hospital Returned to activity
Charge person information	
Charge person information Last name:	First name:
Sent home Charge person information Last name: Street address: Postal code:	First name: City:
Charge person information Last name: Street address: Postal code:	First name: City: Phone: ()
Charge person information Last name: Street address: Postal code: E-mail:	First name: City: Phone: ()
Charge person information Last name: Street address: Postal code: E-mail:	First name: City: Phone: () Age:
Charge person information Last name: Street address: Postal code: E-mail: Role (coach, assistant, parent, of	First name: City: Phone: () Age:
Charge person information Last name: Street address: Postal code: E-mail: Role (coach, assistant, parent, of	First name: City: Phone: () Age: fficial, bystander,): cident and the response, not the charge person)
Charge person information .ast name: Street address: Postal code: E-mail: Role (coach, assistant, parent, of witness Information Someone who observed the incoast name:	First name: City: Phone: () Age: fficial, bystander,): cident and the response, not the charge person) First name:
Charge person information Last name: Street address: Postal code: E-mail: Role (coach, assistant, parent, of Witness Information Someone who observed the inc	First name: City: Phone: () Age: fficial, bystander,): cident and the response, not the charge person) First name: City:

Other comments	or romarke		
——————	or remarks:	 	
Form completed	by:		
Pr	rint name	 Signature	
	c	Signature	