



SAANICH LACROSSE ASSOCIATION

Medical Emergency - Concussion Incident Report

Date / Time of Incident	
Location of Incident	
Type of Lacrosse Activity (game, practice etc.)	
Name of player Involved	
Name of Team Personnel Involved	
Date / Time Guardian Advised	
Name of Person who Advised the Guardian	
Date Association Executive Member Advised	

Summary of incident:

Form Completed by:

Updated Last: November 2020