



PARTICIPANT SERIOUS INJURY REPORT

ONTARIO LACROSSE ASSOCIATION

INJURY SUSTAINED BY # _____ OF _____
(participant's name) (team)

SECTOR: **BOX / MF / WF** DIVISION: _____ DATE: _____ LOCATION: _____

SANCTIONED GAME: _____ (visiting team) _____ (home team)

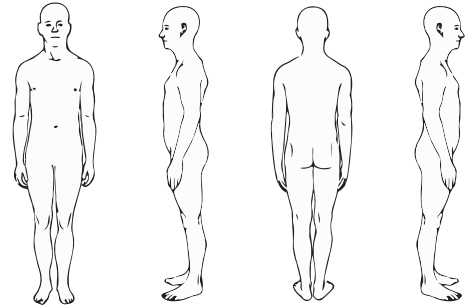
SANCTIONED PRACTICE: APPROXIMATE TIME OF DAY: _____ AM / PM

DESCRIBE IN DETAIL THE EVENTS, LEADING UP TO AND INCLUDING THE INJURY:

INJURY INFORMATION:

INJURY CONDITION: _____
(laceration, suspected concussion, fracture, sprain, etc.)

AREA OF BODY: _____
(left, right, both, N/A)



LOCATION:	ACTIVITY:	SOURCE:	OUTCOME:
<input type="checkbox"/> DEFENSIVE ZONE	<input type="checkbox"/> ATTACKING	<input type="checkbox"/> NON-CONTACT INJURY	<input type="checkbox"/> PENALTY CALLED ON OPPONENT
<input type="checkbox"/> NEUTRAL ZONE	<input type="checkbox"/> DEFENDING	<input type="checkbox"/> ILLEGAL CONTACT PENALTY	<input type="checkbox"/> PENALTY CALLED ON INJURED PLAYER
<input type="checkbox"/> OFFENSIVE ZONE	<input type="checkbox"/> PASSING / SHOOTING	<input type="checkbox"/> HIT BY BALL	<input type="checkbox"/> PENALTY NOT CALLED
<input type="checkbox"/> PLAYER'S BENCH	<input type="checkbox"/> FIGHTING	<input type="checkbox"/> COLLIDED w/ NET	<input type="checkbox"/> PRACTICE SITUATION
<input type="checkbox"/> PENALTY BOX	<input type="checkbox"/> CHECKING	<input type="checkbox"/> COLLIDED w/ OPPONENT	
<input type="checkbox"/> GOAL CREASE	<input type="checkbox"/> BEING CHECKED	<input type="checkbox"/> COLLIDED w/ BOARDS	
<input type="checkbox"/> FACE-OFF DOT	<input type="checkbox"/> SCRUM	<input type="checkbox"/> LEGAL CHECK	
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	

EMERGENCY SERVICES INFORMATION (IF APPLICABLE):

TRAINER'S NAME: _____ CERTIFICATION NUMBER: _____

PARAMEDIC'S NAME: _____ IDENTIFICATION NUMBER: _____

VERBAL REPORT MADE TO: _____ DATE: _____

SIGNED: _____ DATE: _____