

## PARTICIPANT SERIOUS INJURY REPORT

## **ONTARIO LACROSSE ASSOCIATION**

INJURY SUSTA	JNED BY # (p		OF		
	(p	articipant's name)		(team)	
SECTOR: BOX / MF / WF DIVISION:		DATE:		LOCATION:	
SANCTIONED GAME: □ _	(visiting team)		(home	team)	
SANCTIONED PRACTICE: 1					
DESCRIBE IN DETAIL THE					
		7 11 12 11 10 E0 E11 1	10, 11,12,11,100,1		
IN ILIDY INCODMATION.			(se)		
INJURY INFORMATION:			7		الخرية الم
					$\left( \right)$
	on, suspectedconcussion, fractu	re, sprain, etc.)			$\langle \rangle \langle \rangle$
					\
AREA OF BODY:				$\langle \langle \langle \rangle \rangle \rangle$	
	(left, right, both, N/A)				
LOCATION:	ACTIVITY:	SOURCE:		OUTCOME:	
☐ DEFENSIVE ZONE	☐ ATTACKING	□ NON-CONTA	ACT INJURY	☐ PENALTY CALLE	ED ON
□ NEUTRAL ZONE	☐ DEFENDING	1	NTACT PENALTY	OPPONENT  □ PENALTY CALLE	
☐ OFFENSIVE ZONE	☐ PASSING / SHOOTING	☐ HIT BY BALL		INJURED PLAYE	
☐ PLAYER'S BENCH	☐ FIGHTING ☐ CHECKING	☐ COLLIDED W		☐ PENALTY NOT C	CALLED
☐ PENALTY BOX ☐ GOAL CREASE	☐ BEING CHECKED			☐ PRACTICE SITU	ATION
☐ FACE-OFF DOT	SCRUM	□ LEGAL CHE			
OTHER	□ OTHER	OTHER			
EMERGENCY SERVICES	INFORMATION (IF APPLIC	CABLE):			
	CERTIFICATION NUMBER:				
PARAMEDIC'S NAME:	IDENTIFICATION NUMBER:				
VERBAL REPORT MADE TO	O:		DATE:		
SIGNED:			DATF:		