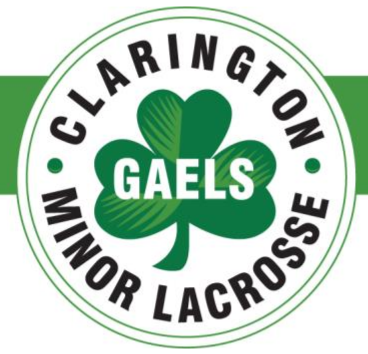
CLARINGTON MINOR LACROSSE ASSOCIATION



INJURY REPORT FORM

INJURY DATE		ARENA	DD / MM / YYYY
DIVISION	☐ HL ☐ REP	☐ PPW ☐ U9 ☐ U11 ☐ U13 ☐ U15 ☐ U17 ☐ U19	
ACTIVITY	☐ EXHIBITION/REGULAR SEASON ☐ PLAYOFFS/TOURNAMENT ☐ PRACTICE PERIOD ☐ 1 ☐ 2 ☐ 3 ☐ OT ☐ OTHER ____________________		
HAS THE PLAYER SUSTAINED THIS INJURY BEFORE	☐ YES ☐ NO	IF YES, WHEN	DD / MM / YYYY
IS THE INJURED PLAYER IN CORRECT AGE GROUP	☐ YES ☐ NO	WAS A PENALTY CALLED	☐ YES ☐ NO
DESCRIPTION	BRIEFLY DESCRIBE HOW ACCIDENT OCCOURED (Attach page/diagram is necessary)		

PERSONAL INFORMATION

NAME		GENDER	☐ M ☐ F ☐ OTHER ________
ADDRESS			
DATE OF BIRTH	DATE / MONTH / YEAR	PHONE	
PARENT/GUARDIAN		SIGNATURE	

INJURY INFORMATION

HEAD	☐ Face	☐ Skull	☐ Dental
	☐ Eye Area		
BACK	☐ Neck	☐ Upper	☐ Lower
TRUNK	☐ Abdomen	☐ Ribs	☐ Chest
PELVIS	☐ Hib	☐ Groin	
ARM	☐ Left	☐ Right	
	☐ Collarbone	☐ Elbow	
	☐ Shoulder	☐ Upper Arm	
	☐ Forearm	☐ Wrist	
	☐ Hand	☐ Finger	
LEG	☐ Left	☐ Right	
	☐ Thigh	☐ Knee	☐ Shin
	☐ Foot	☐ Toe	
ON-SITE CARE	☐ ON-SITE CARE ONLY		
	☐ REFUSED CARE		
	☐ SENT TO HOSPITAL BY		
	☐ AMBULANCE	☐ CAR	

NATURE OF CONDITION	☐ CONCUSSION	☐ LACERATION
	☐ FRACTURE	☐ SPRAIN
	☐ STRAIN	☐ CONTUSION
	☐ DISLOCATION	☐ SEPERATION
	☐ INTERNAL ORGAN INJURY	
CAUSE OF INJURY	☐ NON-CONTACT	
	☐ COLLISION WITH BOARDS	
	☐ COLLISION WITH NET	
	☐ COLLISION WITH PLAYER	
	☐ CHECKED FROM BEHIND	
	☐ HIT BY STICK	
	☐ FIGHT	
	☐ BLINDSIDING	

TEAM INFORMATION

TEAM OFFICIAL		POSITION	
DATE	DATE / MONTH / YEAR	SIGNATURE	