

Lacrosse Head/Face Injury Incident Report

Date of Incident

Time of Incident

Game Location

Team Name

Player Name

Player Number

Position

Coach Name

Type of Injury (select all that apply)

Concussion/Suspected Concussion
Laceration
Fracture
Bruise/Contusion
Other

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☐
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Describe How Injury Occurred

Immediate Action Taken

Was Medical Personnel Present?

If yes, who?

Was Player Removed From Play?

Additional Comments

Reported By

Date Reported

