FIL U-19 MEN'S LACROSSE CONCUSSION REPORT FORM

Please use this form to report any suspected or confirmed concussion that occurs during a lacrosse game or an organised training session.

Report any athlete who sustains an injury that is suspected of being a concussion (i.e., a traumatic brain injury, TBI) and results in the athlete having to stop training or being removed from the field of play.

Date of report: ______________________July, 2016 **Time of report:** ______________________

Date of injury: ______________________July, 2016 **Time of injury:** ______________________

Athlete's name: ______________________ **DOB or Age:** ______________________

Team: ______________________ **Game:** ☐ **Training Session:** ☐

For In-Game Injuries

Opposition Team: ______________________ **Referee:** ______________________

Field: ______________________

Injured Athlete Contact Details

Local address/hotel: ______________________ **Athlete's mobile:** ______________________

Athlete's guardian: ______________________ **Relationship:** ______________________

Guardian phone: ______________________ **Guardian's mobile:** ______________________

Team contact name: ______________________ **Team contact's mobile:** ______________________

Name of person who first identified need for concussion assessment: ______________________

Name of person who assessed athlete for concussion: ______________________

Assessment tool used: ______________________ **Outcome:** ______________________

Name of reporting person: ______________________

Position/Affiliation: ______________________

Reporter's phone: ______________________ **Alternate phone:** ______________________

Referred to Emergency Department, either immediately or later? Y/N When? ____________July, 2016

Name of health professional expected to be reviewing athlete & supervising graduated return to play protocol: ______________________

Contact information: ______________________

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Once completed, this form should be sent to the FIL Medical Team:

Emergenvy medical contact : Dr.Donald Hedges

Email: doctordon@shaw.ca Mobile : (604) 760-7385 (please text rather than phone)