

CLA Head Injury Incident Report Form Overview

The Canadian Lacrosse Association (CLA) has recently implemented a *Head Injury Incident Report Form* to be used for reporting head injuries to the CLA directly. Incidents must be reported to the CLA within thirty (30) days of occurring with photos and detailed descriptions. When in doubt, more information is ideal.

This initiative is in response to allegations that CSA approved lacrosse face masks are responsible for or contributing to head injuries, especially to the face. Therefore, the CLA will collect information from its members where a head injury occurs. In order that the information has any significance to whether the CSA approved masks are contributing to injuries, **it is a must** that injuries that occur while the player is wearing a non-CSA approved mask in the Senior category in 2013 be reported. Any withholding of such information for the purpose of skewing the results will not be tolerated.

An example of a completed *Head Injury Incident Report Form* can be found here (Sample: http://secure.pointstreaksites.com/files/uploaded_documents/357/CLA_Injury_Incident_Report_Form_Sample.pdf). Blank forms can be found [here](#). Should you have any questions about completing the *Head Injury Incident Report Form*, please contact info1@lacrosse.ca or 613-260-2028 x. 301.

Completed *Head Injury Incident Report Forms* are to be emailed to info1@lacrosse.ca or faxed to 613-260-2029. **It is the responsibility of the individual completing the form to ensure that the MA or AMA has received a copy of the *Head Injury Incident Report Form*.** Please ensure that only one report form is submitted per incident.

Confirmation of receipt will be sent to the individual completing the *Head Injury Incident Report Form*.

Players, coaches, managers or parents are encouraged to complete a *Head Injury Incident Report Form* for all head injuries incurred while participating in the sport of box or field lacrosse. This form will be used to assist in creating and amending policies that will ensure the safety of all players of all ages.

For more information, contact:
Canadian Lacrosse Association
info1@lacrosse.ca
613-260-2028 ext. 301

CLA Head Injury Incident Report

Please print and submit via e mail to info1@lacrosse.ca or fax to 613-260-2029 within 30 days of the incident - Provide copy to your Member Association Representative

SECTOR: Box Men's Field

LEVEL: _____ TEAM: _____ CLUB: _____

DATE & TIME OF INCIDENT: _____ LOCATION: (city, prov/state) _____

Injured Player Name: _____ Player DOB: _____

Describe incident in detail (use additional pages if necessary and attach photos):

Was any penalty called on the play that caused the injury? Yes No

If so, what was the penalty?

Did the player receive medical attention? Yes No

Did the player go to the hospital? Yes No

If so, describe diagnosis and treatment:

What is the make/model of the helmet worn? _____

What is the make/model of the facemask worn? _____

It is mandatory to include a photo of any visible injury, the helmet and facemask as it appeared when the incident occurred and, if possible, while being worn by the player.

To the best of your knowledge, was the equipment installed correctly? Yes No

Name of individual completing this form: _____ Signature: _____

Role (coach, parent, player, etc.) _____ Date: _____

Phone Number: _____ E Mail Address: _____

Witness to Incident: Role (coach, parent, player, etc.) _____

Name: _____ Signature: _____ Date: _____

Phone Number: _____ E Mail Address: _____