



Injury Report Form

Directions: Please fill in the shaded areas. Do not fill LSO internal only pages.

SPORT:

NAME OF INJURED:

COACHES NAME:

REFEREE 1 NAME:

FIELD CONDITION

DATE OF INJURY:

LOCATION OF INCIDENT:

AGE GROUP

REFEREE 2 NAME:

WEATHER

PERSON COMPLETING THE FORM:

DETAILS OF INJURY:

Describe Incident: (Attach additional documentation when necessary)

Large shaded area for describing the incident.


Where on the field did the injury happen?

Click on the "Field" Field tab below to show where on the field the injury took place.

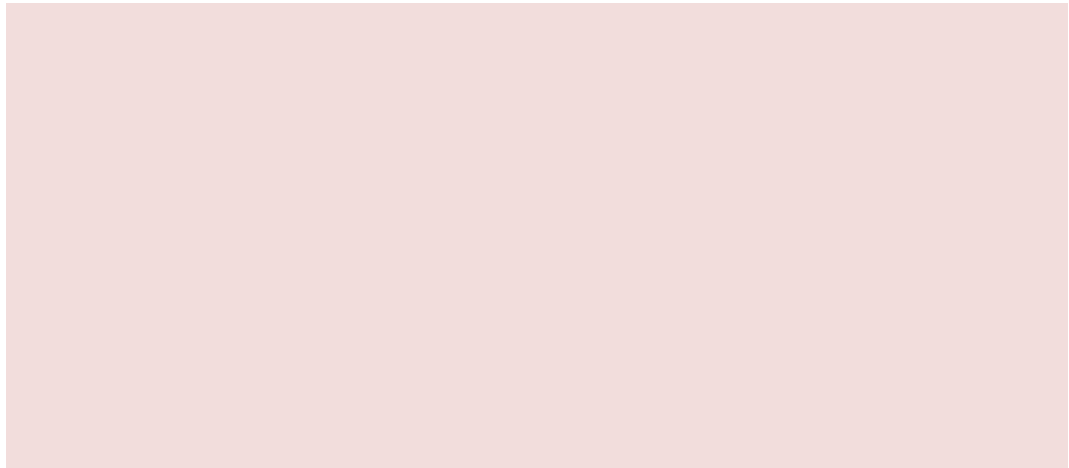
See instructions on top of the page.

This Page For LSO Internal use only

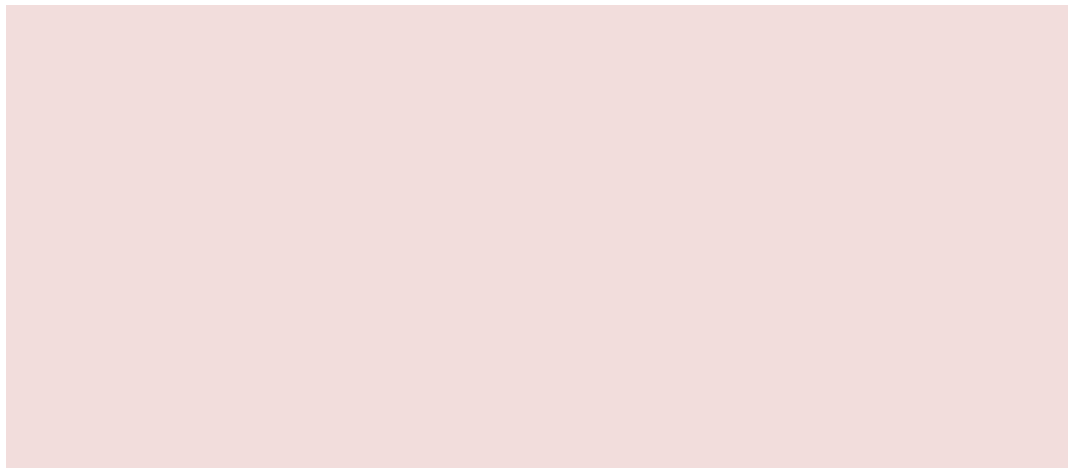
Documentation of Additional Fact Finding: *(Attach additional documentation when necessary)*



Commissioner's Notes and Comments: *(based on the LSO code of conduct documents)*

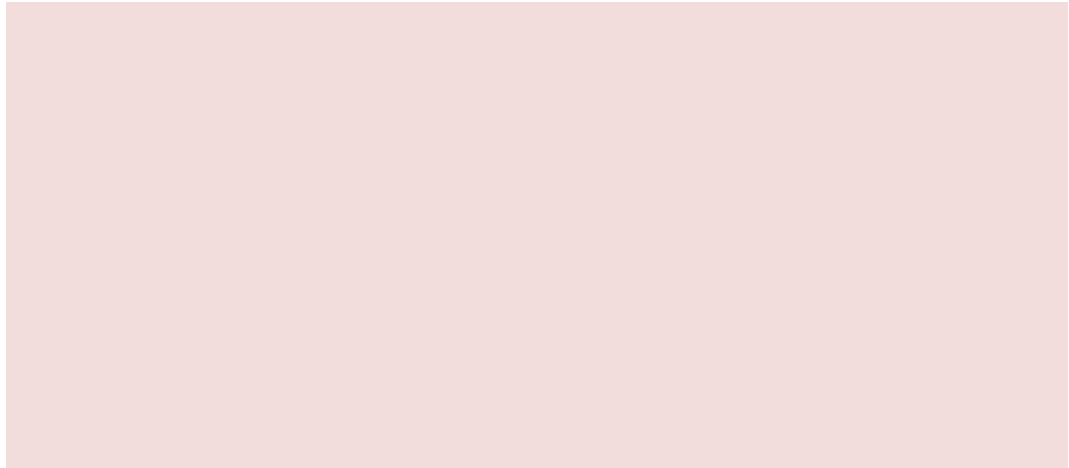


LSO Borad Notes and Comments:



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Additional Action Needed to Close Injury Report:



Date Entered in LSO Board Minutes:

