



Appleton Lacrosse Club Injury Report

It is important to have written incident reports on file regarding injuries that may result in a claim against the Appleton Lacrosse Club. Written reports prepared immediately after an incident are invaluable in remaining proactive and protecting the safety of the club and its players and staff. Please forward a copy of this form to the club president and secretary for records keeping within 72 hours following incident. Please attach additional documents and records if necessary. An incident report form may be completed by any member of the club (parent/player or coach) to assist in the documentation of accidents that require medical attention/insurance claims.

Incident Date: _____ Incident Time: _____

Injured Person's name: _____

Address: _____

Phone number(s): _____

Male/Female please circle one Date of Birth: _____ US Lacrosse #: _____

Details of Incident: _____

Injury Type: _____

Does injury require hospital stay/ Physician visit? _____

If so, Hospital Name: _____

Address and Phone number: _____

Injured person/guardian signature: _____ date: _____

Important notes and instructions: _____

Form filled out by: _____ Date: _____

Relation to injured individual: _____

Form reviewed by (board member/coach(es)): _____

Signature: _____ Date: _____

Please print and fill out or submit same information by e-mail to club president:
president@appletonlacrosse.com and cc secretary@appletonlacrosse.com for recording purposes.