

**BALTIMORE COUNTY PUBLIC SCHOOLS
TOWSON, MARYLAND**

TO: All Boys' Lacrosse Coaches **ACTION:** Complete for each injury and return weekly.
FROM: Ronald J. Belinko, Coordinator
Lynette M. Mitzel, Supervisor
Office of Athletics **DUE DATE:** **Each Monday**
RE: **BOYS' Lacrosse Injuries** **RETURN TO:** Sender

The Committee on the Medical Aspects of Sports of the Baltimore County Medical Association will analyze all football injuries each season. Injuries will be reported for both varsity and junior varsity during practice and games from the first day of the season until the last day of the season.

Record all injuries separately and daily, beginning with the first day of practice and put them on the station wagon every Monday morning, each week of the season.

When reporting injuries, please use only the number of each injury listed on the form. Make sure all of the information is complete.

- | | | |
|-------------|-----------|----------------|
| 1. Ankle | 10. Neck | A. Concussion |
| 2. Foot | 11. Ribs | B. Contusion |
| 3. Knee | 12. Back | C. Dislocation |
| 4. Hip | 13. Nose | D. Fracture |
| 5. Hand | 14. Teeth | E. Laceration |
| 6. Finger | 15. Eye | F. Sprain |
| 7. Wrist | 16. Face | G. Strain |
| 8. Arm | 17. Head | H. Tear |
| 9. Shoulder | | |

SCHOOL: _____ **WEEK OF:** _____

SIGNATURE _____ **DATE:** _____

Check here if NO serious injuries occurred this week.

INJURIES

Serious injuries (requiring outside treatment or loss of school time)

STUDENT _____ DATE _____

BODY PART # _____ TYPE OF INJURY _____
(see above for injury #) (letter from above list)

GAME _____ PRACTICE _____ DAY _____ NIGHT _____ WEATHER: WET _____ DRY _____
PRIMARY _____ RECURRENT _____ GAME PLAYED AT _____
(OVER)

STUDENT _____ DATE _____
BODY PART # _____ TYPE OF INJURY _____
(see above for injury #) (letter from above list)

GAME _____ PRACTICE _____ DAY _____ NIGHT _____ WEATHER: WET _____ DRY _____
PRIMARY _____ RECURRENT _____ GAME PLAYED AT _____

STUDENT _____ DATE _____
BODY PART # _____ TYPE OF INJURY _____
(see above for injury #) (letter from above list)

GAME _____ PRACTICE _____ DAY _____ NIGHT _____ WEATHER: WET _____ DRY _____
PRIMARY _____ RECURRENT _____ GAME PLAYED AT _____

STUDENT _____ DATE _____
BODY PART # _____ TYPE OF INJURY _____
(see above for injury #) (letter from above list)

GAME _____ PRACTICE _____ DAY _____ NIGHT _____ WEATHER: WET _____ DRY _____
PRIMARY _____ RECURRENT _____ GAME PLAYED AT _____

STUDENT _____ DATE _____
BODY PART # _____ TYPE OF INJURY _____
(see above for injury #) (letter from above list)

GAME _____ PRACTICE _____ DAY _____ NIGHT _____ WEATHER: WET _____ DRY _____
PRIMARY _____ RECURRENT _____ GAME PLAYED AT _____

STUDENT _____ DATE _____
BODY PART # _____ TYPE OF INJURY _____
(see above for injury #) (letter from above list)

GAME _____ PRACTICE _____ DAY _____ NIGHT _____ WEATHER: WET _____ DRY _____
PRIMARY _____ RECURRENT _____ GAME PLAYED AT _____

