



SERIOUS INJURY REPORT

In the event of any player sustaining a **Serious Injury** on or off the field complete the following information within 24 hours of the incident and return to the Squad administrator.

Name of player			
Age of player			
Address of player			
Tel Number of players parent or guardian			
Accident details Ü as appropriate	Match	Training	Travel
Date and time of incident			
Ground and weather conditions			
Type of Injury sustained			
Location of injury on body			
Medical services attended Ü as appropriate	Yes	No	
Ambulance attended Ü as appropriate	Yes	No	
Which hospital			
Parents contacted Ü as appropriate	Yes	No	
Estimated number of weeks away from Rugby activity			
Brief incident report & comments + witness names	On back of this sheet		
Coaches signature			