

KRFC INJURY REPORT

Please use this form to report any injuries that occur whilst playing rugby or taking part in organised rugby squad training sessions that fit any of the following definitions:

1. An individual who sustains an injury which results in their being admitted to a hospital.
 2. This includes those taken to an Accident or Emergency Department and allowed home from there.
 3. In particular Head Injuries.
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Date and time of report: _____

Date and time of injury: _____

Player's name: _____ DOB or Age: _____

Age group/squad _____ Club (if not KRFC) _____

Game: Training: Grass Pitch: Artificial Grass Pitch:
Other Surface:

Nature of suspected injury: _____

Special Category:

1 Did the injury result in admission to a hospital?

2 Was it a head injury?

Game Injuries Only

Opposition Club: _____ Team: _____

Venue: _____ Name of Referee: _____

Injured Player Contact Details:

Address: _____

Phone No: _____ Mobile: _____

Next of Kin: _____ Relationship: _____

Phone No: _____ Mobile: _____

Declaration

Name of reporting person: _____

Position within Club/School: _____

Contact Telephone Numbers: _____

I confirm that in the case of a head injury I advised the play/player's parents/Guardian that they should attend the nearest Hospital A&E department to get checked for concussion or other injury.

Signature of Adviser _____

Signature of Player/Parent/Guardian _____

Additional Notes

Once completed please hand this form to a Kenilworth Rugby Football Club official.

In preference:

Bruce Doe Chairman of Playing (Seniors)

Kerry Kirwan Chairman M&J's

Paul Hendrick Safeguarding Officer
