



Tarleton Rugby Union Football Club

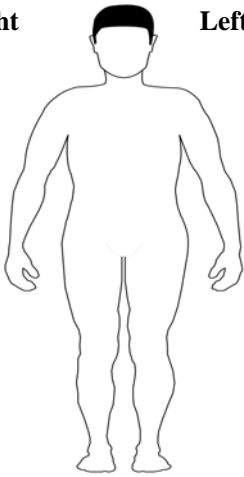
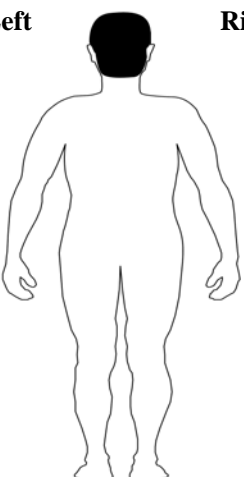
Incident Form

Once complete please return to Andy Wood (updated Nov 2009)

Casualty Details		
Name	_____	
Address	_____	
Phone No	Age	Gender

Incident Details	
Location	Date/time
Nature of incident	_____

Treatment given	

Indicate with an 'X' location of injury and indicate type(s) of injury in table below			
Right Front Left	Left Back Right		
		Abrasion/graze Cut Friction burn Dislocation Fracture Sprain/ strain Head Injury Teeth broken Impact injury Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Consent	
If casualty is under 18 then Parent/Guardian must also sign and a handover must be given	
Casualty's signature	_____
Parent/Guardian signature	_____
Further Action	
Ambulance <input type="checkbox"/> Taken to hospital	<input type="checkbox"/> Advised to visit hospital/Doctor
Responders name & signature	_____
Casualties signature	_____

RFU Reportable Injury Event 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. This does not include those taken to an Accident or Emergency Department and allowed home from there.
2. Deaths occurring during or within 6 hours of the game finishing.

THIS FORM TO BE COMPLETED IN ADDITION TO THE CLUB INCIDENT FORM
(Updated Nov 2009)

Date of report: _____ Time of report: _____

Date of injury: _____ Time of injury: _____

Player's name: _____ DOB or Age: _____

Club/School: _____ Team: _____

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

Nature of suspected injury: _____

Category:

1. An injury which results in admission to a hospital.
 2. A death which occurred during or within 6 hours of a game finishing.
-

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: _____

Name of reporting person: _____

Position within Club/School: _____

Contact Telephone Numbers: _____

Once completed, please send this form to the RFU Sports Injuries Administrator:

Email: sportsinjuriesadmin@therfu.com Fax: 020 8892 4446, Tel: 0800 298 0102

Post: Sports Injuries Administrator, Rugby Football Union, Rugby House, Rugby Rd, Twickenham, TW1 1DS.

The RFU uses this data for contacting individuals and/or their clubs who are identified as requiring support in the case of a serious injury. Information regarding the method and type of injury is used anonymously to monitor injuries throughout the game