

West Norfolk R.U.F.C.

Accident Report Form



Name of person in charge of session/match.....

Referee (if appropriate).....

Site where incident/accident took place.....

Name of injured person.....

Team.....Age.....

Date of incident/accident.....

Nature of incident/accident and extent of injury.....

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Give details of how and precisely where the incident/accident took place.

Describe what activity was taking place. E.g. training, game, getting changed etc.

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Was the injury due to foul play.....

Give full details of the action taken including any first aid treatment and name of first aider(s)

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Was there any signs/symptoms of concussion.....

Was the person removed from play by the referee.....

Were the parents/carer informed of RFU Concussion Protocol.....

Were any of the following contacted:

Ambulance **YES** **NO**

Parent/Carer **YES** **NO**

All of the above facts are a true and accurate record of the incident/accident.

Signed.....

Name.....Date.....