

COHDRL INJURY REPORT FORM

This form to be completed in respect of any injury that may occur to registered players whilst participating in activities relating to City of Hull and District Rugby League.

In cases of concussion – please ensure the player/parent has received fact sheet.

Please send to Sasch Brook sasch.brook@cofha.co.uk

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| **Club reporting Injury** | **Person reporting Injury** |
| **Date and Time of Injury** | **Location** |

**Details of Injured Person**

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| **Full Name.**  **Club.**  **Age Group.** | **Address.**  **Postcode.** |
| **How did the injury occur?** | |
| **What is the nature of Injury** | |

**Action taken for the Injury**

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| **Was First Aid given. Was the person qualified Name of person who administered First Aid**  YES / NO YES / NO |
| **Please give a brief description of treatment administered.** |

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| **Was the player taken to Hospital YES / NO**  **If YES please state results from Hospital.** |

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| **Signed. Print Position** |