

RFL SERIOUS/HEAD INJURY NOTIFICATION FORM

This form should be used when a player is suspected to have suffered one of the injuries listed below: -

- Broken neck or spine
- Heart attack
- Stroke
- Incident in which the Player stops breathing
- Incident in which the Player loses consciousness for more than 5 minutes
- Head injuries including those leading to surgery or a stay of more than 48 hours in hospital
- Any other injury which is life threatening
- Any potentially career ending injury.
- Death

This form does not need to be completed by a Doctor and the information required does not breach any medical confidentiality issues and should be submitted even if some pieces of information are unavailable.

MATCH		V		AGE GROUP	
Date & time of injury:			Venue of the Game:		
Name of Match Referee:					
Details of Injured Player					
Name			D.O.B		
Name of next of kin			Next of kin Tel No.		
What type of injury has occurred?					
How did the injury occur?					
What treatment was provided at the time of the injury and up until the point this report was submitted?					
Name of person completing form			Signed		
Position at club/relation to above named Player & contact telephone number.					

Please return completed forms to the RFL when complete.
Email: competitions@rfl.uk.com