

Crowborough RFC Reportable Injury Form



CRFC Policy Documents Updated September 2020

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:

- A player who sustains an injury that results in them being admitted to a hospital, even if this is after the date of the accident. This does not include players taken to an A&E Department and allowed home.
- 2. Deaths occurring during or within 6 hours of the game finishing.

Date of Accident	Date of Admission Date of Report
Player's name:	DOB or Age
Club: Crowbo	orough RFC Team:
Nature of suspected injury.	
Category.	
1: An injury which result	ts in admission to hospital: <i>Enter X</i>
2: A death which occurr	ed during or within 6 hours of a game finishing: <i>Enter X</i>
Senior Players Only: Co	ontact Details.
Player's Email:	
Player's Phone No:	Player's Mobile No:
Next of Kin, Parents, Guardians or Carers: Contact Details.	
Name:	Relationship:
Email:	
Phone No:	Mobile:
Please submit the above information on the day that the player is admitted to hospital. The RFU uses this data for contacting individuals and/or their clubs who are identified as requiring immediate support in the case of a potentially catastrophic injury. Information regarding the circumstances of injury is used anonymously to monitor injuries throughout the game	
Game: Enter X	Training: Enter X
Grass Pitch: Enter X	Artificial Grass Pitch: Enter X Other Surface: Enter X
Was there (please tick) a	ppropriate First Aid in place? Enter X NO YES
Was there any alleged fo	oul play relating to the injury event? Enter X NO YES
Game Injuries Only.	
Opposition:	Team:
Venue:	
Referee's Name:	

Once completed, please send this form to the CRFC Director of Governance and the RFU:

CRFC Director of Governance Tony Helliwell

Email: info@thincs.co.uk Mobile: 07973 258123 RFU Sports Injuries Administrator Email: sportsinjuriesadmin@therfu.com

Phone No: 0800 298 0102