

CONCUSSION AND SERIOUS INJURY REPORT FORM TEAM MANAGEMENT REPORT/REFEREE REPORT

Concussion and Serious injury reports must be completed for the following injuries:

- Any incident that results in a "Suspected" Concussion. THIS DOES NOT REQUIRE A LOSS OF CONCIOUSNESS.
- Any incident that results in a players loss of consciousness
- Any head or neck injury that requires the player to be transported directly from the ground to an emergency department, hospital or after hours medical centre
- Any injury that results in the admission of a player into hospital

Serious injury reports must be forwarded to the N.Z.R.L within 48 hours of the injury coming to the notice of the referee or team management by Fax 09-525-5596 or email info@nzrl.co.nz (1) INJURED PERSON (Please print clearly) Surname: First Names: Date of Birth: ____/___ Male: ___ Female: ___ Contact phone number: Team Name: Playing Position: Grade: (2) INJURY SPECIFICS Type of Injury Site of Injury Phase of Play Concussion Head Scrum Fracture Neck Making a Tackle Dislocation Shoulder Being Tackled Serious Joint Back Foul Play Other(Specify): Arm Other (Specify): Chest/Trunk **On Field Treatment Provider** Thigh/Hamstring **Method of Leaving field** Doctor Knee Ambulance St Johns Lower Leg Stretcher Team Official Other(Specify): Walk Referee Only Other (Specify): Other(Specify): (3) Reporting Persons details. Date: ____/____ Time: ____am/pm Place: _____ Name: Signed: ______ Designation(e.g. Referee/Manager etc):_____ Contact: Home: Work: Mob:

(4) ACCIDENT REPORTS: Please attach any reports relevant to the accident: e.g. Hospital, Doctor, St Johns, Referee