



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: Fem

Contact phone number: _____

Team Name: _____ Playing Position: _____ Grade: Premier _____

(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(<i>Specify</i>):	Arm	Other(<i>Specify</i>):
	Chest/Trunk	
	Thigh/Hamstring	
	Knee	
	Lower Leg	
	Other(<i>Specify</i>):	
On Field Treatment Provider		Method of Leaving field
Doctor		Ambulance
St Johns		Stretcher
Team Official		Walk
Referee Only		Other(<i>Specify</i>):
Other(<i>Specify</i>):		

(3) Reporting Persons details.

Date: ___/___/___2013_ Time: _____ 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