



## **IRFU Serious Injury Report Form For Rugby Clubs and Schools**

The IRFU Serious Injury Report Form must be completed by a designated Club/School Official and returned to the office of the provincial CEO within 1 week of injury occurrence.\* The purpose of the form is to ensure that a record is kept of all serious injuries occurring in rugby in Ireland and for insurance purposes. Injury reporting is a requirement of the IRFU insurers. Your Club/School should also maintain an Injury report logbook where details of all injuries are recorded.

**\*Serious Injury Definition – Any injury occurring during rugby training or game, which requires that the injured player is transported to and/or treated in hospital.**

Contact Information: Provincial CEO Office

<b>CONNACHT</b>	<b>LEINSTER</b>
CEO Office, Connacht Branch I.R.F.U., Galway Sportsground, College Road, Galway.	CEO Office, Leinster Branch I.R.F.U., Newstead Building, University College Dublin, Belfield, Dublin 4.
<b>MUNSTER</b>	<b>ULSTER</b>
CEO Office, Munster Branch I.R.F.U., Tramore Road, Cork.	CEO Office, Ulster Branch I.R.F.U., Ravenhill Grounds, 85 Ravenhill Park, Belfast, BT6 ODG.

## SECTION 1: CLUB/SCHOOL INFORMATION

Name of Club/School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SECTION 2: PLAYER DETAILS

*If player is u-18 please provide parent/guardian name and contact in addition to player name*

Name of Injured Player: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## SECTION 3: INJURY DETAILS

Date of Injury: \_\_\_\_\_

Place of Injury (if not at home Club /School): \_\_\_\_\_

Injured Body Part (e.g. head, neck, knee, hand): \_\_\_\_\_

How did injury occur? (Consider phase of play, if foul play was involved etc)

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Name/designation of person completing this form: \_\_\_\_\_

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Contact Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETAIN A COPY FOR YOUR CLUB/SCHOOL RECORDS**