

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 (<i>Specify):</i>	
		Chest/Trunk			
On Field Treatment Prov	ider	Thigh/Hamstring		Method of Leaving field	
Doctor		Knee		Ambulance	
St Johns Team Official		Lower Leg		Stretcher	
Referee Only		Other(Specify):		Walk	
Other(Specify):				Other (Specify):	
(3) Reporting Persons d	etails.				
Date://		Time:	am/p	m	
Place:					
Name:		· · · · · · · -			
Signed: Designation(e.g. Referee/Manager etc):					
Contact: Home:		Work:	Mob:		
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(4) ACCIDENT REPORTS: Please attach any reports relevant to the accident: e.g. Hospital, Doctor, St Johns, Referee