

**RECORDING OF A HEAD INJURY**

The following data including sensitive data, where appropriate, will be processed in accordance with the RFL privacy policy found here: <https://www.rugby-league.com/governance/privacy-policy>. By completing the following form, you are confirming that you have notified the player in question about this.

<b>Player Name</b>	
<b>Club Name</b>	
<b>League/Competition Name</b>	
<b>Date of Injury</b>	
<b>Notes regarding how the injury occurred (inc. signs and symptoms)</b>	
<b>Player removed and kept from the field?</b>	
<b>Care advice given to parent/guardian</b>	
<b>Coach informed of suspected concussion?</b>	
<b>Signed/Dated (First Aider)</b>	

<b>IMPORTANT WARNING</b>
The player should be taken to a hospital or a doctor immediately if any of the following occurs:
<ul style="list-style-type: none"> <li>- Vomiting</li> <li>- Headache develops or increases</li> <li>- Becomes restless or irritable</li> <li>- Becomes dizzy, drowsy or cannot be roused</li> <li>- Has a fit or convulsion</li> <li>- Anything else unusual happens</li> </ul>
<b>FOR THE REST OF TODAY THEY SHOULD:</b>
<ul style="list-style-type: none"> <li>- Rest quietly</li> <li>- Not consume alcohol</li> <li>- Not drive a vehicle</li> </ul>

Please complete and return to the form to [competitions@rfl.co.uk](mailto:competitions@rfl.co.uk)

The Club must also retain a copy.