

RFL SERIOUS INJURY NOTIFICATION FORM

This form should be used when a player is suspected to have suffered one of the injuries listed below: -

- Broken neck or spine
- Heart attack
- Stroke
- Incident in which the Player stops breathing
- Incident in which the Player loses consciousness for more than 5 minutes
- Head injuries leading to surgery or a stay of more than 48 hours in hospital
- Any other injury which is life threatening
- Any potentially career ending injury.
- Death

This form does not need to be completed by a Doctor and the information required does not breach any medical confidentiality issues and should be submitted even if some pieces of information are unavailable.

MATCH		V		Date of injury:		Date Reported:	
Name of Match Referee							
Details of injured Player							
Name				D.O.B			
Address				Name of next of kin			
Postcode				Tel No.			
Tel. No:							
Nature of injury.							
How did the injury occur?							
Have the RFL been notified of this incident? If so who?							
Signed				Name (Please print clearly)			
Position at club/relation to above named Player & contact telephone number.							

Please return completed forms to the RFL when complete.
 Post: Kelly Barrett, RFL, Red Hall, Red Hall Lane, Leeds, LS17 8NB
 Email: kelly.barrett@rfl.uk.com
 Fax: 0113 232 9413

