



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

MATCH		V		Date of injury:		Date Reported:
Name of Match Referee						
Details of injured Player						
Name			D.O.	В		
Address			Nam of kir	e of next า		
Postcode			Tel N	lo.		
Tel. No:						
Club Contact Details:						
Nature of injury.						
How did the injury occur?						
First Aid Response?						
Follow Up Action:						
Benevolent Fund Update:						