



RUGBY INJURY REPORT FORM

To be completed by the player (or guardian if under 18) and submitted to the coach or team manager as soon as possible after the injury occurs.

Player Information

Full Name: _____

Age: _____

Team/Age Group: _____

Date of Injury: ___ / ___ / ____

Time of Injury: _____ AM / PM. Event: _____

Form Completed By: _____

Form Given to Coach: _____

Any Evidence, or Media: _____

Injury Details

Type of Injury (tick all that apply):

Sprain/Strain

Fracture

Concussion

Dislocation

Cut/Abrasion

Other: _____

Body Part Injured:

Describe How the Injury Happened:



Was the injury sustained during (tick one):

- Match
- Practice
- Warm-up/Cool-down
- Other: _____

Was medical attention provided on site? Yes No

If yes, by whom: _____

Did the player leave the field? Yes No

Was further treatment required? Yes No

If yes, please describe (e.g., doctor visit, hospital, physiotherapy):

Player / Guardian Declaration

I confirm that the above information is accurate to the best of my knowledge.

Name: _____

Signature: _____

Date: ___ / ___ / ____

For Office Use Only

Received by: _____

Date Received: ___ / ___ / ____

Action Taken:

