



# Serious Injury Report Form

For Rugby Clubs and Schools



Irish Rugby Football Union

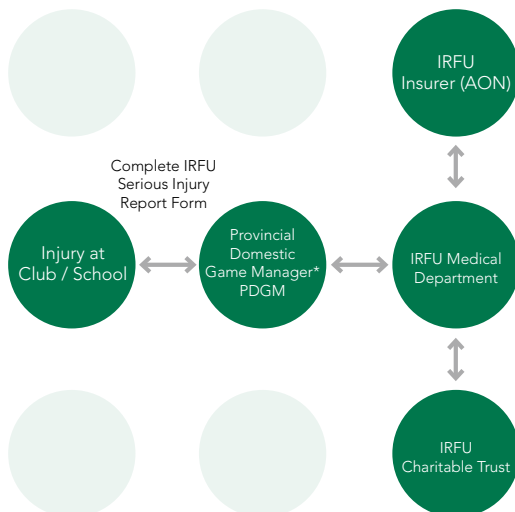


This Serious Injury \* report form must be completed by a designated Club /School Official and returned to the Provincial Domestic Game Manager within 1 week of injury occurrence. The purpose of the form is to ensure that a record is kept of all serious injuries occurring in Rugby in Ireland. Injury reporting is a requirement of the IRFU insurers. Your Club/School should also maintain an Injury report logbook where details of all injuries are recorded.

\* Serious Injury Definition - Any injury occurring during rugby training or a rugby game which requires that the injured player is transported to and/or treated in hospital.

#### \* Roles of the PDGM

- Ensure that all Clubs acquire and maintain an Injury Report Book.
- Keep Provincial CEO informed of the occurrence and outcome of serious injuries.
- Contact Player/Family, out of courtesy, within 1 week of receipt of Serious injury report form to enquire of progress.
- Ask the Club to initiate an investigation if necessary.
- Maintain communication with the I.R.F.U. Medical Department of outcome.



#### Contact Information:

#### Provincial Domestic Game Managers

##### Branch

##### **Connacht Branch IRFU**

Galway Sports Ground  
College Road  
Galway

##### **Leinster Branch IRFU**

Donnybrook Main St  
Dublin 4

##### **Munster Branch IRFU**

Musgrave Park  
Pierce Road  
Ballyphehane  
Co Cork

##### **Ulster Branch IRFU**

Ravenhill Grounds  
85 Ravenhill Park  
Belfast, BT6 0DG

##### Details

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Mr David Boyd  
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Fax: 028 90491522  
E-mail: david@ulsterrugby.com

# Serious Injury Report Form

Name of Club/School: .....

Address: .....

Phone Number: .....

## Player Details:

Name of Injured Player: .....

Address: .....

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Date of Birth: .....

Contact Number(s): .....

## Injury Details:

Date of Injury: .....

Place of Injury (if not at home Club /School): .....

Injured Body Part (e.g. head, neck, knee, hand): .....

## Description of Injury:

How did injury occur? (Add more detail overleaf if needed).

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Name/designation of person completing this form:

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Contact Number: .....

Signed: ..... Date: .....

