



## IRFU SERIOUS INJURY AND CONCUSSION REPORT FORM 2015-16 SEASON

The IRFU Serious Injury and Concussion Report Form must be completed by a designated Club/School Official and returned via post or email to the relevant provincial office within 1 week of injury occurrence. The purpose of the form is to ensure that all serious injuries\* and suspected/confirmed concussions\*\* are reported to the IRFU and provincial branches and that a record is kept of these injuries for insurance purposes. 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 game, which requires that the injured player is transported to and/or treated in hospital.**

**\*\* Concussion – see [www.irishrugby.ie/concussion](http://www.irishrugby.ie/concussion) for further information on concussion.**

### ***Provincial Contact Information:***

<b>CONNACHT</b>	<b>LEINSTER</b>
Club and Community Administrator, Connacht Branch I.R.F.U., Galway Sportsground, College Road, Galway. E: richard.doyle@connachtrugby.ie	Domestic Rugby Manager, Leinster Branch I.R.F.U., Newstead Building, University College Dublin, Belfield, Dublin 4. E: philip.lawlor@leinsterrugby.ie
<b>MUNSTER</b>	<b>ULSTER</b>
Domestic Rugby Manager, Munster Branch I.R.F.U., Tramore Road, Cork. E: ultanocallaghan@munsterrugby.ie	Administration Team Leader, Ulster Branch I.R.F.U., Ravenhill Grounds, 85 Ravenhill Park, Belfast, BT6 ODG. E: lesley.mcgaughey@ulsterrugby.com

**PLEASE RETAIN A COPY FOR YOUR CLUB/SCHOOL RECORDS**



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<b>PLEASE INSERT or CIRCLE</b>						
<b>CONTACT INFORMATION</b>						
Player name				Person completing form name		
Player date of birth (dd/mm/yy) or Player age				Role in club/school		
Club/School name				Contact number		
Contact name for IRFU follow up if required				Date form completed		
Contact number for IRFU follow up if required				Signature		
<b>INJURY INFORMATION</b>						
Date of injury (dd/mm/yy)				Team (e.g. mini, senior)		
Event at time of injury	Game	Training	Mechanism of injury		Contact	Non Contact
Did the referee indicate that the action leading to the injury was a violation of the Laws?				Yes	No	N/A
Body part injured			Type of injury			
Head/face	Upper arm	Front/Back of thigh	Concussion	Cartilage or disc tear	Dental injury Other (please state)	
Sternum (chest)/ribs/upper back	Elbow	Knee	Spinal cord injury	Tendon injury/rupture		
Abdomen	Forearm	Lower leg	Fracture/Broken bone	Contusion/Bruise		
Low back	Wrist	Achilles	Other bone injury	Abrasion/Graze		
Sacrum/pelvis	Hand/finger/thumb	Ankle	Dislocation/subluxation	Laceration/Cut		
Shoulder/clavicle (collar bone)	Hip/groin	Foot/toe	Sprain/ligament injury	Nerve injury		
What treatment was administered to the player at the time of the injury?						
Did the player require a hospital attendance (i.e. attend hospital but not admitted overnight)				Yes	No	
Did the player require a hospital admission (i.e. admitted to hospital for one or more nights)				Yes	No	
If the player is underage, was a parent/guardian informed?				Yes	No	
Additional comments						

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