



BURGESS HILL R.F.C.  
SUSSEX ALL BLACKS

# BHRFC

## Accident Report Form



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The form should be completed in block capitals for clarity.

Date of the accident:			
Date of report:		Time of report:	
Date of injury:		Time of injury:	

Senior Player Details:						
Name:		Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Club:		Team:				
Phone No:		Mobile No:				
Address:						
Next of Kin:		Relationship:				
Phone No:		Mobile No:				
Where the player's next of kin contacted: <i>(Mark response - X)</i>			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Mini & Junior Player Details:								
Name:		D.O.B		Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Club:		Team:						
Next of Kin:		Relationship:						
Phone No:		Mobile No:						
Address:								
Where the player's parents/carers on-site: <i>(Mark response - X)</i>			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Where the player's parents/carers contacted: <i>(Mark response - X)</i>			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If not why:								
Was the adult responsible for the player contacted: <i>(Mark response - X)</i>			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If not why:								

Nature of the suspected injury:					
The player sustained the injury during a Game: <i>(Mark response - X)</i>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
The player sustained the injury during a Training Session: <i>(Mark response - X)</i>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Match Details: Complete for game injuries only.	
Opposition:	Team:
Venue:	

Name and contact details of the opposition Head Coach: Complete for game injuries only.	
Name:	Mobile No:
Email:	

Name and contact details of the Referee:	
Name:	Tel No
Email Address:	

**THIS IS RUGBY.**



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**Details of the accident:**

Give details of how and precisely where the accident took place:

Describe the action taken following the accident including any first aid treatment given:

**First Aid and/or Medical staff who attended to the player before the Emergency Services arrived:**

Name:		Status:		Club:	
Name:		Status:		Club:	

**Who was a witness to the events leading up to the injury:**

Written Report *(Mark response - X)*

Name:		Phone No:		YES		NO	
Name:		Phone No:		YES		NO	

**Contacting the Emergency Services:**

Was an Ambulance or Air Ambulance called: <i>(Mark response - X)</i>			YES		NO	
When was it called:	:	:	When did it arrive:	:	Total time:	:
Did any other medical staff attend the accident (e.g. Sussex Doctors on Call)						

**What happened to the player after the accident: *(Mark response - X)***

Player continue to play:	Yes		No			
Player went home:	Yes		No			
Player taken to Doctor:	Yes		No		By	
Player taken to Hospital:	Yes		No		By	
Medical details available:	Yes		No			
Medical Team informed:	Yes		No		By	
Player treated in A&E. Discharged:	Yes		No			
Player admitted to hospital	Yes		No			

This report is a true and accurate record of the accident

Name:		Signature:
Position:		
Date:		

