Farnborough RFC Minis & Juniors

Accident Report Form

Report No: ________

This report should be completed by the First Aider attending the player.
Please complete all sections of this form, use tick boxes for basic information and add other detail as necessary.
Use reverse side if needed
For more information when to submit RFU forms please read Information sheet in the front of your folder.

Date/Time	Player's Full Name	Team	Coach	First Aider

Accident Details

Play causing Injury:

☐ Scrummaging ☐ Lineout ☐ Ruck ☐ During Training ☐ During Match ☐ Running ☐ Other
☐ Stamped on ☐ Collision ☐ Maul ☐ Collapsed Scrum ☐ Twisting/turning ☐ Kicking ☐
☐ Collapsed Maul ☐ Warm up/stretching

Other Details:

Injuries

Site of Injury:

☐ Shoulder ☐ Upper Arm ☐ Left Side ☐ Right Side ☐ Head ☐ Neck ☐ Facial
☐ Abdomen ☐ Buttock ☐ Elbow ☐ Forearm ☐ Wrist ☐ Hand/Finger ☐ Chest ☐ Spine
☐ Groin/Hip ☐ Thigh ☐ Knee ☐ Lower Leg ☐ Ankle/Heel ☐ Foot

Suspected Injury:

☐ Fracture ☐ Dislocation ☐ Head Injury/Concussion ☐ Cut/laceration/abrasion ☐ Contusion/bruise ☐ Eye injury
☐ Muscle Tear/Sprain ☐ Tendon Strain/Tear ☐ Ligament Strain/rupture ☐ Dental injury

Other Details:

Advice Given

Ambulance Attended (YES) (NO)	Hospital Attended (YES) (NO)
Name of Hospital:	Admitted as in-patient (YES) (NO)
	RFU Form Submitted (YES) (NO)

Any additional Information

Follow up Report

Reporting First Aider	Parent / Guardian
Print….	Print….
Sign….	Sign….

Please duplicate and retain copy of this form and hand the completed original to Peter Glover or Roger Allen at the earliest opportunity to be added to the first aid folder.

Text form to Peter Glover on 07811 765414 if taken to hospital.