



SERIOUS INJURY FORM

SECTION 1: CLUB/SCHOOL INFORMATION

Name of Club/School: _____

Address: _____

Phone Number: _____

SECTION 2: PLAYER DETAILS PLAYER ID NUMBER:

Name of Injured Player: _____

Address: _____

Date of Birth: _____

Contact Number(s): _____

SECTION 3: INJURY DETAILS

Date of Injury: _____

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

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

How did injury occur? (consider phase of play, if foul play was involved etc.) _____

Name/designation of person completing this form: _____

Contact Number (s): _____

Signed: _____ Date: _____

Completed form to be sent immediately to: info@munsterrugby.ie

PLEASE RETAIN A COPY FOR YOUR CLUB/SCHOOL RECORDS