

WRL HEAD INJURY NOTIFICATION

The following data including sensitive data, where appropriate, will be processed in accordance with the WRL privacy policy. By completing the following form, you are confirming that you have notified the player in question about this

When completed please return to stephen.jones@walesrugbyleague.co.uk

INITIAL NOTIFICATION				
This section to be completed when a player sustains a head/concussive injury (or suspected				
head/concussive injury) within 24 hours of the incident. Failure to do so may result in referral to				
compliance.				
PLAYER & MATCH DETAILS				
COMPETITION				
DATE		MATCH	V	
PLAYER		CLUB		
POSITION		AGE/DOB		
HOW WAS THE INJURY SUSTAINED (CLASH OF HEADS)				
HOW WAS THE INSORT SUSTAINED (CEASITOR TIEADS)				
WHAT CAUSES CONCUSSION				
Any blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head				
may cause a concussion.				
If there is any suggestion that the player is concussed, they must be removed from the field of play				
immediately and must not renter play.				
SIGNS OF CONCUSSION				
Does not know the time, date, place, period of game, opposing team, or the score of the game.				
General Confusion				
Cannot remember things that have happened before and/or after the injury				
Seems slow to answer questions or follow directs				
Seems easily distracted				
Not playing as well as expected				
A blank stare/glassy eyes, 'the lights are on but nobody's home'				
<u> </u>				
DETAILS OF FIRST AIDERS				
Name of the First Aider				
Date				
DETAILS OF TREATMENT				
TREATMENT		YES	NO	
Ambulance called				
Player attended hospital?				
Treatment Provid	ed			
OTHER RELEVANT INFORMATION				

When completed please return to stephen.jones@walesrugbyleague.co.uk