Westcliff Rugby Football Club Concussion Report Form

For a confirmed concussion or where the player has been removed from the fi

Please fill out the form below asap because club need to contact the school or college within 48 hours of injury where possible.

Email completed form to club CSO at safeguardingwrfc@gmail.com

Ensure that you inform club CSO/1st Aid Coordinator of the incident basic details only (name, age group, date of injury and brief summary)

Player's name	
Player's DOB	
Date of	
concussion	
and	
location	
Player's age	
group	
Player's	
school/college	
Player's parent/s	
name	
Player's parent	
email	
address/contact	
number	
Does player play	
for a County	
squad?	
Does	
player	
attend a	
Saracens	
Academy?	
Name o	of person reporting player concussion:
Date:	Position held:



