

Westcliff Rugby Football Club

Concussion Report Form

21st May 2018



For a confirmed concussion or where the player has been removed from the field of play

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 and also text to 07787 802645

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 of person reporting player concussion: _____

Date : _____ Position held: _____



Founded in 1922 as Old Westcliffians Rugby Football Club
Westcliff Rugby Football Club Limited, Registered in England No. 531 343
Community Amateur Sports Club

