



SERIOUS INJURY NOTIFICATION REPORT 2020

This report is to be completed for any suspected head, neck or spinal cord injury that occurs in a match or organized training session and requires the athlete to cease participation in said event.

1. Injured Participant's Information

SURNAME		GIVEN NAME	
DATE OF BIRTH:	YYYY	MM	DD
GENDER:	MALE	FEMALE	
Please circle one			
Apt/Unit	ADDRESS		POSTAL CODE
CITY			
CONTACT PHONE #		CONTACT EMAIL ADDRESS	
Club Affiliation:			

2. Injured Athlete's Parent/Guardian Information (if athlete is Under 18)

First Parent/Guardian Name	PHONE # if different from above
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3. Competition Information

Date of Injury:	
Location:	
Type of Event: (e.g. league game; training session)	

4. Injury Information

Type of Injury:	Head	Neck	Spinal Cord
		Please circle one	
How did the injury occur?			
Was the athlete treated at the site of the injury	YES	NO	
Was the athlete transported to a medical facility	YES	NO	

5. Club contact for follow-up by Rugby Ontario

Name	Phone #	Email Address
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Date	Signature of person completing form	Printed Name
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