

SERIOUS INJURY REPORT FORM:

If there has been an injury during your match that leads to a player requiring hospital treatment, you must complete this form ASAP after you learn of the hospitalisation and send to the Secretary, LSRUR.

DATE OF MATCH

INJURED PLAYER DETAILS:

Player Name: (if known) Club.....No.....: Position.....

MATCH DETAILS

Home Team..... Away Team

Competition.....

Was it videoed? Yes / No If yes so by whom?

AR's – who ran touch ? Club officials/LSRUR appointees?

Were you aware of the injury? YES / NO

If YES, please complete the section below

INCIDENT DETAILS (if known):

Describe the Injury :

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Describe how it occurred

(if foul play please give as much detail as you can - shirt no's & colours of players involved etc):

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As soon as you can, send this form to the LSRUR secretary johnhill01@sky.com