



Youth Concussion Club Reporting form 2021-22

For a suspected/confirmed Concussion of a player in training or a game situation.

Please fill out the form below asap and return to the CB Safeguarding Officer within **48hrs** of injury where possible.

Email completed form to CB Safeguarding Manager Steve Minney at steve.minney@emru.co.uk

Please mark email subject as CONFIDENTIAL

Ensure that you have informed your Club Safeguarding Officer / 1stAid Coordinator of the incident – Basic details only (Name, age group, date, brief summary)

Player's name	
Player's DOB	
Date of Concussion and Location	
Summary of what happened (and any follow up) Please use separate sheet if required.	
Player's Rugby Club	
Player's Age Group	
Player's School / College	
Player's Parent's Name/s	
Player's Parent's email address	
School Player - Have the Parents notified the School?	YES / NO
Does Player play for a County squad / East Midlands Squad?	YES / NO

Name of person reporting player concussion: DBS Yes / No

Date Position in club held:

