



SERIOUS INJURY NOTIFICATION REPORT

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
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DATE OF BIRTH:

YYYY	MM	DD

GENDER: MALE FEMALE
Please circle one

Apt/Unit	ADDRESS	CITY	POSTAL CODE
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CONTACT PHONE #	CONTACT EMAIL ADDRESS
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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?	<input style="width:90%" type="text"/>		

Was the athlete treated at the site of the injury	YES	NO
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Was the athlete transported to a medical facility	YES	NO
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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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