



PROVINCIAL UNION FOLLOW UP

SERIOUS RUGBY INJURY REPORT

To be completed within 24 hours of receipt of Referee / Team Management Report

DETAILS

Union: _____

Club: _____

Position: _____ Grade: _____

INJURED PERSON

Surname: _____

First Name(s): _____

Player Registration Number: _____

Nature of injury confirmed as (including phase of play involved):

Describe injury:

Copies of: Team Management form attached:

Referee form attached:

Please email or fax this form immediately to:
Steve Lancaster NZR, steve.lancaster@nzrugby.co.nz or 04-494 0771
and to Lisa Kingi, Chief Executive, The Rugby Foundation of NZ Inc,
lisa@rugbyfoundation.nz or 09-623 7920