MEDICAL & SAFETY GUIDE

It is vitally important that rugby programs provide the tools necessary to create a fun and safe environment for all athletes. USA Rugby has developed this guide to explain what is needed to prevent injuries and improve medical coverage at local events, league competition, and all other development activities. This guide also serves to provide information to parents so they feel comfortable with rugby. When working to establish safety standards, local rugby administrators and coaches must consider:

- Injury Prevention
- Emergency Action Plan Development
- Return to Play Procedures

A wealth of documentation focusing on safety in youth sports is available to all rugby enthusiasts. This guide consolidates information to encourage every program to follow a baseline of safety considerations. With preventative measures in place, athletes and parents can find security in knowing the risk of injury is significantly reduced through responsible preparation.

Injury Prevention
Injuries in rugby are no different from those in other sports. The key to prevention is identifying associated risk factors. Rugby programs can work towards decreasing the rate and seriousness of rugby-related injuries by implementing research-based preventive interventions. The first step towards making rugby safer is addressing the following key factors:

- Coaching/Officiating
- Equipment
- Facilities & Playing Conditions
- Physical Conditioning

Coaching/Officiating
As rugby is a contact game, those who manage participation must possess a necessary knowledge base. Coaches and officials must be proficient in communicating information to athletes which will transfer over into competitive situations. Youth rugby coaches need to be aware of their athletes sport background. Cross over athletes from sports such as American Football pose a challenge for coaches as these athletes need special instruction in rugby specific skills such as tackling and scrummaging. The best way to learn how to properly instruct all athletes is to become a USA Rugby certified coach. This process can be started from the comfort of home through the use of USA Rugby’s online coach development portal available at http://usarugby.learn.com. The process concludes with a face-to face workshop featuring the practical application of coaching young athletes. It is also strongly recommended that coaches and officials seek CPR and first aid certification which can be achieved through the Red Cross at http://www.redcross.org.

Proper officiating in youth programs is a great responsibility as referees must learn to manage imbalances in strength, technique and level of experience. Coaches and officials must work together to ensure a fun and safe competition takes place. Officials can gain tools needed to mediate varying circumstances on the field through educational channels similar to those of coaches offered by USA Rugby. It is also strongly recommended that coaches and officials seek CPR and first aid certification which can be achieved through the Red Cross at http://www.redcross.org.

Equipment
With proper education comes the need for the proper tools. Rugby requires a low level of start up cost as only a few essential pieces of equipment are needed to participate. A program priority should be to ensure that equipment for personal or team use during matches and training sessions is safe and iRB approved. A
complete list of accepted equipment required is available at www.irb.com. In addition to these regulations, a fully stocked medical kit should be available for use by all participants. For a detailed description of medical kit materials please consult the National Center for Sports Safety at www.sportssafety.org. A complete medical and safe practice binder should be included in the medical kit. Necessary paperwork consists of:

- Physician Evaluation Documentation
- Liability & Eligibility Waiver
- Injury Incident Report
- Participant Roster
- Emergency Information/Medical Release Form
- Facility specific Emergency Action Plan
- Photocopy of Insurance and ID card
- Medical History Questionnaire

In addition to these items, physician notes, training attendance records, match rosters and other documents may also be included. All of the information within the binder provides everything needed to properly treat an injured athlete.

Facilities & Playing Conditions
Securing a safe area for training sessions and matches is important. Programs should make every effort to use adequately sodded or turf surfaces to prevent injuries. Fields must be void of hazards such as broken glass, protruding rocks, sprinkler heads and holes. When examining playing surfaces, size, availability, access for emergency vehicles, available parking, lights, and usage requirements should also be considered. As a member of USA Rugby, all clubs have access to liability insurance which provides protection in case of property damage or bodily injury to third parties. These parties may include the venue owner, coaches, referees, sponsors, spectators and others. Most venue owners will require this type of insurance before a club is allowed to step on the field of play.

Beyond the actual playing field conditions, programs must be conscious of the impending weather. If it is hot and humid coaches must plan to compete early in the morning or later in the evening to avoid the heat. Having ample fluids and water breaks in shaded areas helps to lessen the incidence of heat exhaustion and heat stroke. Coaches must know the signs and symptoms of these conditions and take them seriously. In cold weather coaches must consider ground conditions. Impact on a frozen field of play can increase the severity of any injury. Awareness of the signs of hypothermia in extreme cold conditions is also important. Proper clothing, warm up, and cool down activity is crucial to injury prevention and optimum performance.

In case of lightning everyone must evacuate the area to a safe location. A large building is the best location while sheds, dugouts and bleachers are to be avoided. If a sturdy building is not available, a vehicle with closed windows will work instead. The recommend method to help determine when cover should be taken is the flash-to-bang method. To use this method, begin counting on the lightning flash, and stop counting when the associated thunder is heard. Divide this number (in seconds) by 5 to determine the distance (in miles) to the lightning flash. For example, if the time in seconds between the lightning being spotted and the thunder being hear is equal to 30, divide that by 5, and you get 6 (30/5=6). Therefore, that lightning flash was approximately 6 miles away from the observer. If a game, practice, or other activity is suspended or postponed due to lightning activity, it is important to establish criteria for resumption of activity. Waiting at least 30 minutes after the last lightning flash or sound of thunder is recommended. Each time lightning is seen or thunder is heard the 30-minute clock should be reset.

Physical Conditioning
It is recommended that player’s receive a physician’s evaluation and clearance prior to participating in rugby. This is standard procedure for all interscholastic sports and rugby should not be an exception. Competing in the best possible physical condition not only prevents injuries, it also makes the game more enjoyable. Pre-season conditioning programs can help prevent fatigue related injuries such as sprains and strains. Weight training with special attention on the neck and shoulders should be applied. An emphasis on stretching of all muscle groups decreases the incidence of injury. Even fitness testing can be applied to assess the condition of the athletes and help better their match performance. Competitive matches between high school and adult clubs should be discouraged. Discrepancies in size, strength and experience may result in mismatches leading to injury. Common sense should be applied to avoid unequal competition. If athletes perform at their physical best they are more likely to be safe and successful.
Emergency Action Plan Development
Each program needs an established emergency plan unique to each place of assembly. The action plan includes naming the individual trained to assess the situation, secondary assessment, 911 involvement protocol, parental contact responsibility, directions/contact information for the nearest hospital, and notation of a volunteer responsible for accompanying the injured athlete to the hospital. A detailed emergency action plan should be drafted prior to any activity, reviewed by all medical staff and made available on-site as a reference.

In developing an action plan, it is important to recruit all necessary medical staff and volunteers. Finding the right medical personnel can pose a challenge in terms of financial constraints and availability. Developing a strong relationship with local area sports medicine and physical therapy clinics can help solve this issue. A program might offer to refer all players and family members who need treatment in exchange for services from dedicated medical professionals. By any means necessary a program should aspire to provide at minimum a Certified Athletic Trainer and ideally an appointed Medical Director, ATC and EMT at all major events.

Head and Neck Injuries
Severe injuries to players from programs who safely address the risk factors of the sport are rare. Everyone involved should learn to recognize the signs and symptoms of players who have suffered a concussion and how best to treat the condition. Concussions are classified as mild/first degree, moderate/second degree and severe/third degree depending on their symptoms. A mild/first degree concussion causes the athlete to be confused dazed and experience slight amnesia. Asking the athlete questions such as time of day and how he/she got to the field can help detect the injury. Hesitation in answering is a good indication of concussion. If a player experiences unconsciousness for a few seconds or several minutes the athlete has a moderate/second degree concussion. A severe/third degree concussion means any lapse of consciousness for more than five minutes. The degree of concussion is determined by the force of impact.

In case of a head injury, if there is any doubt about the severity of a concussion, it must be treated as a third degree/severe concussion. This is classified as an emergency situation and the athlete must not be moved until a spinal cord injury is ruled out. Pulse and breathing rate should be checked while an ambulance is called to the site. If vital signs are normal, wait for the athlete to regain consciousness. Do not remove any head gear or move the athlete if complaints of neck and back pain or numbness in the extremities are voiced. If none of these symptoms are present, wait until the player is ready and help them to a kneeling position and eventual standing to move away from the activity. Carefully watch the athlete’s progress and wait until an ambulance arrives if deemed necessary.

If a first degree/mild and second degree/moderate concussion occurs the athlete must be removed from the activity. There actions must be observed and assessed every twenty minutes for delayed symptoms such as headache, dizziness and confusion. If signs and symptoms continue but do not worsen, the athlete must be taken to an emergency room for an evaluation within two hours. If conditions appear to be worse, the injury must be re-classified as a third-degree/severe concussion and treated as described earlier. Everyone involved in rugby must be familiar with the signs, symptoms and return to play criteria. The “Heads Up: Concussion in High School Sports” tool kit is provided free of charge from the Department of Health and Human Services Center for Disease Control and Prevention at www.sportssafety.org. Everyone should take advantage of this offer and arm themselves with education.

Return to Play Procedures
As in all sports, injuries do unfortunately take place in rugby. When proper procedures are followed a quicker recovery and return to participation is the end result. The IRB requires that any youth rugby player who has suffered a first degree/mild concussion should be removed from the activity. A head injury beyond this level of severity equals transportation to a hospital (if deemed necessary by an on-site medical professional) and a full evaluation. The athlete should not be allowed to return to play for a minimal period of three weeks. If any injury occurs, athletes should receive an evaluation and medical clearance from a health care professional in order to return to play.

Additional Resources
USA Rugby has worked to form partnerships with non-profit organizations to provide cutting edge health and safety information. The Positive Coaching Alliance, Rugby RIO and the National Center for Sports Safety are among the list of recognized contributors. Parents should encourage athletes to participate in safe activities such as rugby. We strongly encourage all administrators and coaches to view and use the tools included in the appendix to create a safer environment for all athletes.
MEDICAL INSURANCE AGREEMENT AND USA RUGBY RULES ACKNOWLEDGEMENT

1. I acknowledge that I have a medical insurance policy in my name that has a minimum of $100,000 in medical coverage WITH NO RESTRICTION FOR ACCIDENTS WHILE PARTICIPATING IN SPORTS. I understand such insurance will be my primary source of payment should medical treatment be necessary as a result of my participation in the Activity.

2. I agree to abide by all International Rugby Board, USA Rugby, territorial and local area union rules and regulations, including to be bound by the arbitration procedures therein, that I am aware of and understand, for any dispute regarding my right to participate in the Activity, as set forth in the Bylaws of USA Rugby, as they are amended on a periodic basis, which I understand are available on the USA Rugby web site (www.usarugby.org).

3. I affirm that I am not suspended or banned from play or participation by any club local area union, territorial union, or national union, and I authorize USA Rugby to verify my citizenship status with the appropriate governmental agencies.

4. I am aware that USA Rugby has the right to revoke my CIPP enrollment, and therefore my eligibility to play or coach, in the event of any violation of the aforementioned statement.

WAIVER & RELEASE, ASSUMPTION OF RISK AND PARENTAL INDEMNIFICATION

In consideration of me being permitted to participate in any way in USA Rugby, it’s member unions, clubs, organizations and individuals sponsored Activities (“Activity”), I agree:

1. I understand the nature/dangers of USA Rugby activities and believe that I am qualified to participate in such Activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the Activity. I further agree/warrant that if at any time I believe conditions to be unsafe, I will immediately cease further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) USA Rugby Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“Risks”); (b) these Risks and dangers may be caused by my own actions, or inaction’s, the actions or inaction’s of others participating in the Activity, the condition in which the Activity takes place. Or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USA Rugby, their member unions, territorial unions, clubs, respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the “Releasees” herein) from all liability, claims demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT’S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

________________________  __________________________  __________________________
Signature                Printed Name                Date

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any Releasees may incur as the result of any such claim.

________________________  __________________________  __________________________
Signature of Parent/Guardian                Printed Name of Parent/Guardian                Date

*PLEASE PRINT, SIGN AND RETURN TO YOUR AFFILIATED CLUB
INJURY INCIDENT REPORT

Injured Participant Information:

First Name: _____________________________ Last Name: ______________________________________

Phone: ________________________________ Team: ____________________________________________

Location of Incident: ___________________________ Address:__________________________________

Date of birth of injured participant: _____/_____/____ Gender:  Female  Male

Player   Volunteer   Spectator   Coach   Official   Other

Accident Date: _____/_____/_____ Time of Accident: _______ AM  ________ PM

Area of Injury (Body Part): ________________________________________________________________

Description of incident occurrence:
______________________________________________________________________________________
______________________________________________________________________________________

Description of treatment/care:
______________________________________________________________________________________
______________________________________________________________________________________

Was an ambulance called?  Yes  No

If an ambulance was called, participant was . . .

Assessed by an EMT only   Treated and transported in an ambulance

Did the participant continue to participate?   Yes   No

Did the participant disregard medical advice?   Yes   No

Was disposal of Biohazard waste necessary?   Yes   No

Is a follow-up phone call to the injured participant recommended?   Yes   No

Medical Staff Information:

First Name: _______________________________ Last Name: ___________________________________

Medical title (ATC, MD, etc.): ___________________________ Phone: (____)____________

Signature: _________________________________________________________ Date: ____/_____/____
## RUGBY PARTICIPANT ROSTER

**Club Name ___________________________________________ Club CIPP # __________________________**

**Coach/Manager Name __________________________________ Phone (____)___________ Email _________________________________**

As the **Club Representative**, I verify that I have checked the eligibility of my players and that each of them are in compliance with the Regulations as set forth by my local governing organization and USA Rugby. I understand that if I am found to be in violation of those regulations my team and I will be subject to strict disciplinary sanctions that may include fines, suspension or forfeit of matches.

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Coach/Manager Name __________________________________ Phone (____)___________ Email _________________________________

**Name (print) Position (i.e. coach, captain) Signature Date**
Appendix 4

EMERGENCY INFORMATION/ MEDICAL RELEASE FORM

First Name: ________________________________ Last Name: ________________________________

Address: ______________________________________________________________________________

City:_________________________________________State:_________________Zip:________________

Parent/Legal Guardian: ____________________ Emergency Contact Phone Number: (_____)__________

Date of Birth: ________/______/___________ Age: ________ American Citizen (Yes/No): ____________

In order to compete in rugby, all players MUST undergo a physical evaluation and seek health/medical
insurance coverage with a requirement of $1,000,000.00 as required by the WAIVER of LIABILITY and
ELIGIBILITY FORM. Rugby is a contact sport and RISKS OF SERIOUS INJURY DO EXIST
including permanent disability, paralysis and death; these risks and dangers may be caused by a
participant’s actions or inaction’s, action or inaction’s of others in the Activity, or the condition in which
the Activity takes place. Emergency information provided by the participant and his/her parent or legal
guardian is essential in case of an accident or injury. The signature below confirms that all information
provided is complete and accurate.

Parent/Legal Guardian Signature: ________________________________________ Date_____/____/____

Athlete Signature: ___________________________________________________ Date ____/_____/_____

MEDICAL EMERGENCY AND INSURANCE INFORMATION

Name of Physician: ____________________________Physician Phone Number: (____)_______________

Name/Relation of Emergency Contact: _________________Contact Phone Number: (____)___________

Insurance Provider: ______________________________Group Number: __________________________

Policy Number: ____________________ Known Allergic Reactions: ______________________________

Additional Major Medical Concerns: ________________________________________________________

PARENTAL CONSENT AND IDEMNIFICATION AGREEMENT

I, the minor’s parent and/or legal guardian authorize and consent to medical, surgical and hospital care,
treatment and procedures to be performed by available medical staff and/or a licensed physician when
deemed necessary or advisable by appointed representatives in case of my absence. I waive my right of
informed consent to such treatment and release from any litigation expenses, attorney fees, loss liability,
and damage or cost any Releases may incur as the result of any such claim.

Parent/Legal Guardian Signature: _______________________________________  Date: ____/_____/____
EMERGENCY ACTION PLAN

MEDICAL DIRECTOR
First Name: __________________________________________ Last Name: ________________________
Mobile Phone: (____)________________________________ Occupation: _______________________
EMT
Name: _________________________________
Mobile Phone: ___________________________
Company Name: (____)____________________
Company Phone: (____)___________________
AMBULANCE
Company: ______________________________
Address: ______________________________
Phone Number: (____)___________________
Is ambulance on-site? Yes or No
If not, is ambulance dedicated? Yes or No
CERTIFIED ATHLETIC TRAINER (ATC(s)
Name: _________________________________
Mobile Phone: (____)____________________
Company: ______________________________
PHYSICIAN
Name: _________________________________
Mobile Number: (____)___________________
Company: ______________________________
PREFERRED HOSPITAL
Facility Name: __________________________
Emergency Department Phone: (____)_______
Location: __________________________________
Driving directions from venue:

______________________________________________________________________________________
______________________________________________________________________________________
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______________________________________________________________________________________

MEDICAL PLAN
(Example) There will be one (1) ambulance at the facility from _______ (start time) to the end of all
matches. There will be one EMT accompanying the ambulance with radio band contact. In addition, there
will be (___) trainers, (___) for each field that will arrive no later than (____) a.m. in order to tape and
prepare the players for the first game. Ice, water, tape, chairs, tables will be provided at the medical tent.

In case of an injury the procedure will be:
If injury occurs during warm ups or outside of a schedule game the athlete should report to the medical tent
for assistance. The first medical staff to the scene will conduct a primary on-field assessment. If the injury
is not serious the medical staff will bring the athlete to the sidelines and conduct a secondary assessment.
If the injury is serious the tournament ATC and EMT will take the field and assist. Together the ATC and
EMT will inspect the athlete and determine if the ambulance is needed for transport to the hospital. The
medical director will assist in organizing hospital transport for the athlete by private vehicle (with family or
friend) if an ambulance ride is declined. All major treatment of injuries will be recorded in a medical
report by the medical staff that administered treatment. The medical director will collect the reports at the
end of each day of competition.

If there is a dispute over the medical care of an athlete this must be brought to the attention of the medical
director and the incident will be recorded in writing. Situations such as this will be dealt with on a case-by-
case basis.
Appendix 6

USA RUGBY

MEDICAL HISTORY QUESTIONARE

PLAYER INFORMATION:

First Name: _____________________________________ Last Name: _____________________________________
Date of Birth: _____/_____/_______ Age: _________ Sex: _________ Phone:(_____) ______________________
Emergency Contact: _________________________ Relationship: _______________ Phone:(____)_____________

PLEASE CIRCLE NO OR YES AND LIST DETAILS AS REQUESTED. ALL INFORMATION WILL REMAIN
CONFIDENTIAL AND APPLIED ONLY TO EMERGENCY CARE SITUATIONS.

NO/YES  Do you have any allergies?  (Foods, medications, etc.) Please list: __________________________
_______________________________________________________________________________

NO/YES  Do you regularly take any over the counter and/or prescription medication?  Please list and provide reasons:
_______________________________________________________________________________

NO/YES  Have you ever been told that you have (had) asthma or exercise induced asthma?  List medications:
Have you ever been diagnosed with any major diseases or conditions? (diabetes, epilepsy, heart disease, etc.)  List:
_______________________________________________________________________________

NO/YES  Do you have or have you ever had a hernia or rupture?  List dates if repaired: ________________

NO/YES  Have you ever been knocked out or had a concussion or other closed head injury?  List dates:
_______________________________________________________________________________

NO/YES  Have you ever injured the bones, ligaments, nerves, or discs of your neck and back that disabled you for a week or longer?  List injury/dates:
_______________________________________________________________________________

NO/YES  Have you ever had a broken bone or fracture?  Right or Left  List bones/dates: ________________

NO/YES  Have you ever had a shoulder/elbow or wrist injury that disabled you for a week or longer?  R or L List injury/dates:
_______________________________________________________________________________

NO/YES  Have you ever injured the ligaments in your knee?  Right or Left  List injury/dates:
_______________________________________________________________________________

NO/YES  Have you ever had an ankle injury that disabled you for a week or longer?  (dislocation, sprain, separation, etc.)  Right or Left  List injury/dates:
_______________________________________________________________________________

NO/YES  Do you presently have a rod, pin, screw, or plate anywhere in your body?  Where: ________________ List injury/dates:
_______________________________________________________________________________

NO/YES  Do you wear contact lenses or removable dental appliances while participating in your sport?  List items: __________________________
_______________________________________________________________________________

NO/YES  Have you experienced any major surgery? List:
_______________________________________________________________________________

NO/YES  Are you current on all immunizations? List special considerations: __________________________
_______________________________________________________________________________

NO/YES  Do you have any other conditions you wish to make us aware?  Please specify and give details:
_______________________________________________________________________________
_______________________________________________________________________________

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. SIGNING THIS DOCUMENT RELEASES ALL INFORMATION TO ASSIST IN THE APPLICATION OF NECESSARY EMERGENCY CARE.

PLAYER NAME                      SIGNATURE          DATE

PARENT/LEGALGUARDIAN NAME       SIGNATURE          DATE