

**CONFIRMATION OF MEDICAL ASSESSMENT**

The following data including sensitive data, where appropriate, will be processed in accordance with the RFL privacy policy found here: <https://www.rugby-league.com/governance/privacy-policy>. By completing the following form, you are confirming that you have notified the player in question about this.

<b>Player Name</b>	
<b>Club Name</b>	
<b>Date of Injury</b>	
<b>Did you contact NHS 111?</b>	
<b>What was their advice?</b>	
<p><b>For the avoidance of doubt the RFL cannot be held responsible for any incorrect and/or inaccurate advice or guidance given by NHS 111 or any Healthcare Professional. It is the responsibility of the Player or Parent/Guardian if under 18 to ensure that the RFL Community Game First Aid Standards have been strictly adhered to and that all necessary steps have been followed.</b></p>	
<b>Signed/Dated (Player/Parent or Guardian if under 18)</b>	

Please complete and return the form to [competitions@rfl.co.uk](mailto:competitions@rfl.co.uk) before returning to activity.

**The Club must also retain a copy.**