

HEAD INJURY CARD



Name:	<p>CONTACT YOUR FAMILY DOCTOR OR THE NEAREST ACCIDENT & EMERGENCY DEPARTMENT IF YOU NOTICE ANY OF THE FOLLOWING SYMPTOMS</p> <ul style="list-style-type: none"> • Vomiting • Headache develops or increases • Becomes restless, irritable • Becomes dizzy, drowsy or cannot be rowed • Has a fit (convulsion) • Blurred vision • Bleeding or fluid from ears or nose • Anything else unusual occurs <p>For the rest of today he/she should:</p> <ul style="list-style-type: none"> • Rest quietly • Not consume alcohol • Not drive a vehicle • Avoid electronic games, text messaging, television
Date of Birth:	
Received a bump on the head while playing today and was assessed by a First Aider.	
Although no problems were seen at the time you should observe him/her for the next 24 hours for any of the symptoms listed opposite.	
Time of Injury:	
Date:	
Name:	
Title: (Doctor/Physio/First Aider)	



I have given a completed Head Injury Card to a parent / relative / the player / telephoned parent	
Player:	Title (Doctor/Physio/First Aider)
Date of Birth:	Name
Time of Injury:	Date