

Dear Parent / Carer,

HEAD INJURY REPORT

Name of Child	
Date and time of In	jury
Nature of Injury	
	s FC follows the FA guidance concerning any head injuries. This form is to make you n/daughter sustained a head injury at today's training session/match.
recognised that the him/her for the nex	d assessment was given by an appropriately qualified first aider, however it is well symptoms and signs of any head injury can be delayed in onset. Please monitor at 24 hours and if he/she shows any of the symptoms detailed below, please take for an urgent assessment at the Accident and Emergency Department.
 Dizziness / light staying awake or sl response to verbal lights Unsteady fit / 'convulsion' (ar watery blood, com 	gets worse or still present over six hours after the injury -headedness / dazed expression • Confusion and disorientation • Difficulty in eepy several hours after the incident. Memory disturbance / loss • Delayed commands • Slurring of speech • Blurred / double vision / seeing 'stars' / flashing on feet / loss of balance / uncoordinated movement • Nausea and or vomiting • A rms and legs jerking uncontrollably) • Unconsciousness or pale yellow fluid or ing from the ears or nose (this suggests a skull fracture); Bleeding from the scalp that topped; Not being able to use part of the body, such as weakness in an arm or leg.
Signed	
Name and Position	
Date	



Copy to Parent / Carer and copy retained in club records.