



Head Injury Advice Form

Child's name: _____

Date: _____ Time: _____

Details of accident (including surface impacted)

Adult who dealt with the injury: _____

Dear Parent/ Guardian

Whilst at school today the above child sustained a head injury. First aid staff have assessed him/her and, **at this point in time**, don't believe that any further treatment or medical assessment is required.

It is **normal** for the child to:

- feel sick
- feel lethargic
- have mild bruising/swelling to the head
- have a mild headache
- have mild dizziness

The child will require observation for **48 hours** from the time of injury.

If they display any of the signs or symptoms below or you become concerned, please seek medical assistance from NHS Direct, your GP, attend an Emergency Department or in case of emergency dial 999.

- | | | |
|---------------------------|---------------------------------|------------------------|
| - Cannot be roused | - Fits | - Slurred speech |
| - Visual disturbances | - Balance problems | - Memory loss |
| - Loss of power to a limb | - Clear fluid from nose or ears | - Bruising behind ears |
| - Bleeding form ears | - Loss of hearing | - Repeated vomiting |
| - Pins & needles to limbs | - Lasting headache | - unusual behaviour |