**HEAD INJURY CARD**

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| Name: | **IMPORTANT WARDING:**  He/She should be taken to a hospital or a doctor immediately if the following occurs:   * Vomiting * Headache develops or increase * Become restless, irritable * Becomes dizzy, drowsy or cannot be roused * Has a “fit” (convulsion) * Anything else unusual occurs   **FOR THE REST OF TODAY HE/SHE SHOULD:**   * Rest quietly * Not consume alcohol * Not drive a vehicle |
| Address: |
| Tel: |
| Time of Head Injury: |
| Date |
| **EMERGENCY NUMBERS:** |
| Hospital: |
| Ambulance |
| Club Doctor |
| General Practitioner (GP) |
| **I have given a completed Head Injury Card to a parent/guardian/relative/carer** |
| **Title: (Doctor/Physiotherapist/First-Aider etc)**  **Name: BLOCK CAPITALS**  **Date: / / /** |