**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: / / /** |