TIBS FC Head Injury Notification

Player Name:	**IMPORTANT WARNING** **He / She should be taken to a hospital or Doctor immediately if the following occurs:** • **Vomiting** • **Headache develops / increases** • **Becomes restless / irritable** • **Becomes dizzy / drowsy / cannot be roused** • **Has a fit (Convulsion)** • **Anything else unusual occurs** **For the rest of the day he / she should:** • **Rest quietly** • **Not consume alcohol** • **Not drive a vehicle**
Team:	
Address / Tel No: (If Known):	
Date & Time of Head Injury:	
Description & Cause of Head Injury:	

I have given a completed head injury notification to a Parent / guardian / relative / carer	
Given to:	**Injured person:**
Name of Person Completing Form:	
Date & Time Form Completed:	