



## St Joseph's Youth '88 FC Head Injury Card

Name:	<b>IMPORTANT WARNING:</b>  He/she should be taken to hospital or a doctor immediately if the following occurs: <ul style="list-style-type: none"><li>• Vomiting</li><li>• Headache develops or increases</li><li>• Becomes restless, irritable</li><li>• Becomes dizzy, drowsy or cannot be roused</li><li>• Has a fit (convulsion)</li><li>• Anything else unusual occurs</li></ul> <b>FOR THE REST OF TODAY HE/SHE SHOULD:</b> <ul style="list-style-type: none"><li>• Rest Quietly</li><li>• Not consume alcohol</li><li>• Not drive a vehicle</li></ul>
Address:	
Tel:	
Time of Head Injury:	
Date:	
<b>EMERGENCY TELEPHONE NUMBERS:</b>	
Hospital:	
Ambulance:	
Club Doctor:	
GP:	
<b>I have given a completed Head Injury Card to a parent/guardian/relative/carer</b>	
Title: (Doctor/Physiotherapist/First Aider etc)	
Name: (BLOCK CAPITALS)	
Date:     /     /	