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| ACCIDENT REPORT TO PARENT – INJURY TO HEAD |  |
| Name of Child: |  |
| Date and time of incident: |  |
| What happened: Diagram:  |  |
| Action taken: |  |
| PRECAUTIONS FOLLOWING A HEAD INJURY TO A CHILD |  |
| Please seek medical advice, at Paediatric A&E at St Peter’s Hospital, Chertsey should any of the following symptoms occur: |  |
| * Severe Headache
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| * Actual unconsciousness or increasing drowsiness
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| * Periods of confusion in which child fails to recognise his/her relatives/acquaintances or surroundings
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| * Vomiting more than two or three times
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| * Weakness of either arm or leg
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| ABOVE SYMPTOMS APPARENT: YES/NO |  |
| Parent/Carer: Signed Printed |  |
|  |  |
| Witness: Signed Printed |  |
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