|  |  |
| --- | --- |
| 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 |  |
| * Actual unconsciousness or increasing drowsiness |  |
| * Periods of confusion in which child fails to recognise his/her relatives/acquaintances or surroundings |  |
| * Vomiting more than two or three times |  |
| * Weakness of either arm or leg |  |
| ABOVE SYMPTOMS APPARENT: YES/NO |  |
| Parent/Carer:  Signed Printed |  |
|  |  |
| Witness:  Signed Printed |  |
|  |  |