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| **THE RFL HEAD INJURY CARD** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | | |
| Address | |  | | |
| Tel No | |  | | |
| Time of Head Injury | |  | Date of Head Injury |  |
| **Emergency Telephone Numbers** | | | | |
| Hospital | |  | | |
| Ambulance | |  | | |
| First Aider | |  | | |
| GP | |  | | |
| **I have given a completed Head Injury Card to a parent/guardian/relative/carer of the player** | | | | |
| Name of First Aider |  | | | |
| Date |  | | | |
| **IMPORTANT WARNING** | | | | |
| He/she should be taken to a hospital or a doctor immediately if any of the following occurs:   * Vomiting * Headache develops or increases * Becomes restless or irritable * Becomes dizzy, drowsy or cannot be roused * Has a fit or convulsion * Anything else unusual happens | | | | |
| **FOR THE REST OF TODAY HE/SHE SHOULD:** | | | | |
| * Rest quietly * Not consume alcohol * Not drive a vehicle | | | | |
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