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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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