



Cricket Federation for People with Disabilities

HEAD INCIDENT INFORMATION AND RECORD

NAME

.....

ADDRESS

.....

.....

POST CODE..... TEL NO.....

DATE & TIME OF HEAD INCIDENT.....

DETAILS OF INJURY.....

IMPORTANT WARNING:

He/She should be taken to hospital or ambulance called if appropriate, immediately if any of the following occur:

- Vomiting
- Headache develops or increases
- Becomes restless or irritable
- Becomes dizzy, drowsy or cannot be roused
- Has an epileptic fit (convulsion)
- Anything else unusual occurs

FOR THE REST OF THE DAY HE / SHE SHOULD:

- Rest quietly
- Not consume alcohol
- Not drive a vehicle
- Not be left alone

EMERGENCY TELEPHONE NUMBERS:

AMBULANCE – Dial 9 9 9

NAME OF HOSPITAL

GENERAL PRACTITIONER

I have given a "Head Incident Advise Sheet" to a spouse / guardian / relative / carer and another to the player.

Signed First Aider

PRINT NAME