

## **Competitor Information – Management of a Head Injury**

Date.....

Time of Injury.....

Location.....

**Today .....received a  
blow to the head and may have sustained a head injury.**

If you or your caregivers notice any of the following – **SEEK IMMEDIATE MEDICAL  
ATTENTION**

1. Increasing headache
2. Nausea or repeated vomiting
3. Dizziness or loss of balance
4. Lack of concentration
5. Confusion or disorientation
6. Blurred or double vision
7. Any unusual behaviour

For the next 48 hours you are advised to:

- 1 Rest quietly
- 2 Do not drink alcohol
- 3 Remain supervised by a friend or family member, including being woken at regular intervals to check consciousness

**In order for ..... to participate in the next scheduled training session or game, clearance from a medical practitioner MUST be provided to the coach or Club, in writing prior to the commencement of the training session.**

Signed.....

**Sports Trainer**