

Date: _____

Every Moment Matters

Example Form

Dear Parent

Head Injury Advice

Today at _____ (*time injury occurred*)

your child, _____ (*full name*) received a
minor knock to the head due to (*provide details of how injury occurred*)

The following action was taken (*please tick action taken*)

Cold compress applied ☐

Monitored throughout the rest of the day ☐

Parents contacted by phone on day of injury ☐

Sticker ☐

First-aid book completed ☐

First-aider initials

Any other comments _____
(*please add as necessary*)

Serious reactions to a head injury are rare but we recommend that you keep your child under close observation for the next few hours, and seek urgent medical advice should any of the following symptoms develop or if you are worried at all.

- Unnatural drowsiness
- Severe, worsening headache
- Persistent vomiting
- Fits or convulsions
- If you are concerned about your child's health in any way

The incident has been recorded in the school first aid log book.

Please do not hesitate to contact me should there be any concerns about the incident or the action taken by the school.

Rachel Heffer
Headteacher

Headteacher: Rachel Heffer