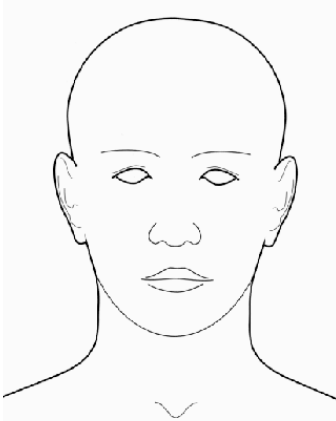
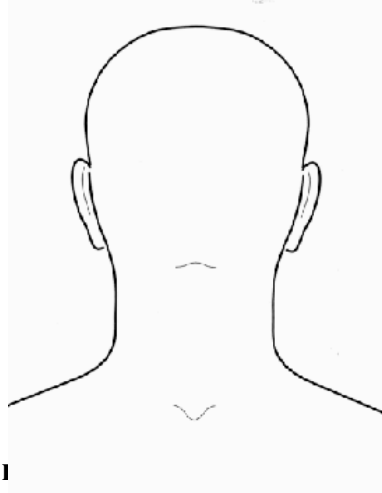




Front of Head



Back of Head



X = Position of Injury

Dear Parent/Carer of .....

**LOOKING AFTER YOUR CHILD WITH A HEAD INJURY**

Your child has sustained a head injury in their tennis lesson today  
(.....) at approximately .....

Details.....  
.....  
.....  
.....

Treatment administered:	Mediwipe	Yes/No	Ice Pack	Yes/No
	Bandage	Yes/No	Plaster	Yes/No

Please seek medical advice at once if any of the following occur up to 7 days after the incident.

1. If your child vomits more than twice in one day.
2. If your child complains of a persistent headache after paracetamol is given.
3. If your child complains of blurred vision.
4. If your child has a 'vacant or glazed' look in the eyes.
5. If your child becomes unusually sleepy or is hard to wake up.
6. If your child has a convulsion (fit).
7. If your child has any changes in behaviour or is not his/her usual self.

Signed on behalf of On the Ball Coaching LLP \_\_\_\_\_

Signed by child representative \_\_\_\_\_