AJB Sports in Education

Head Injury Report Form

This form should be completed following any injury to the head, face or neck sustained during an AJB Sports in Education activity.

Incident Details

Date: _____

Time of Incident: _____

Venue: _____

Location of Incident: _____

Staff Member Completing Form: _____

Child Details

Child's Name: _____

Date of Birth: _____

Age: _____

Group (if applicable): _____

Details of Incident

Please provide a factual account of how the injury occurred.

AJB SPORTS IN EDUCATION

Area of Injury

Please tick all that apply:

☐ Forehead

☐ Back of Head

☐ Side of Head

☐ Face

☐ Nose

☐ Mouth

☐ Chin

☐ Neck

☐ Other

Details:

Visible Signs of Injury

Please tick all that apply:

☐ No visible injury

☐ Redness

☐ Bump

☐ Swelling

☐ Bruising

☐ Grazing

☐ Cut

☐ Bleeding

☐ Other

Details:

Child’s Condition Following Incident

Please tick all that apply:

☐ Alert and responsive

☐ Upset/crying

☐ Returned to activity

☐ Rested before returning

☐ Continued to complain of pain

☐ Required ongoing observation

☐ Sent home

☐ Ambulance called

☐ Other

Details:

Symptoms Observed

Were any of the following observed?

☐ Loss of consciousness

☐ Dizziness

☐ Nausea

☐ Vomiting

☐ Blurred vision

☐ Headache

☐ Confusion

☐ Drowsiness

☐ Balance difficulties

☐ Memory difficulties

☐ None observed

Details:

First Aid Provided

Please detail any first aid or treatment provided.

Parent / Carer Notification

Parent/Carer Name: _____

Time Informed: _____

Method:

☐ Telephone

☐ Collection

☐ Other

Details:

AJB SPORTS IN EDUCATION

Advice Given to Parent / Carer

☐ Monitor child for symptoms

☐ Seek medical advice if symptoms develop

☐ Attend A&E if symptoms worsen

☐ Head Injury Advice Sheet provided

☐ Other

Details:

Follow-Up Required

☐ No

☐ Monitor during remainder of camp day

☐ Parent follow-up required

☐ Medical review recommended

☐ Other

Details:

Staff Signature

Name:

AJB SPORTS IN EDUCATION

Signature:

Date:

Camp Lead Review

Name:

Signature:

Date:

Comments: