**Bump Note**

Dear Parent / Carer,

Name…………………………………………………………………………..

Your child has sustained a head injury today at ……….am/pm and has been monitored since the accident.

Details……………………………………………………………….……………………………………………………….……………….………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

 Front Back Right Left

If any of these symptoms are present, you should call the emergency services(999 / 112) or NHS Direct on 111.

* Headache that gets worse or is still present over six hours after the injury;
* Difficulty in staying awake, or still being sleepy several hours after the injury.
* Nausea and vomiting;
* Unconsciousness or coma;
* Unequal pupil size (anisocoria);
* Confusion or dizziness;
* Fluid or blood coming from the ears or nose;
* Bleeding from the scalp that cannot be quickly stopped;
* Inability to use part of the body, such as weakness in an arm or leg;
* Difficulty seeing or double vision;
* Slurred speech;
* Seizure.

Signed …………………………………