.Head Injury	Date	Time	Head Injury	Date
OOO Mark location of injury with a control of injury with a control of injury with a control of the control of		nt)	O O Mark location of injury with a cross (Name and year group) bumped his/her head by (insert cause)	se of accident)
Ice pack applied			Ice pack applied	
Parents informed by clas	s teacher		Parents informed by class teacher	
Parents informed by telephone on advice			Parents informed by telephone on advice	
of first aider			of first aider	
(Please tick as appropriate)			(Please tick as appropriate)	
Signed (by adult informing parent)			Signed (by adult informing parent)	