



Malpas & District Junior Football Club



Main Ground: Malpas Sports Club, The Oxhays, Wrexham Road, Malpas, Cheshire
Additional Grounds: Farndon Community Field, Farndon Primary
www.malpasfc.co.uk

Bumped head letter 2018/19 Season

Dear Parent

Your child has had an accident at training/match today.

They received a bump to the head and following an Emergency First Aid Assessment, exhibited some / all of the signs and symptoms consistent with a concussion and was therefore immediately withdrawn from the session.

As the young person is now returned to your care, it is important that you watch for any signs or symptoms, which might indicate a more serious injury.

Please watch for:-

- Drowsiness that is unexpected
- Vomiting more than once
- Any signs of blood or watery fluid coming from the nose or ears
- Any complaint of headache
- Any complaint of “seeing double” or “blurred eye-sign”,

If any of these develop, then you should contact your Doctor or Out of Hours service for further advice. In the case of a concussion the young person will not be permitted to return to football activity with Malpas & District JFC until cleared to do so by a GP.

Due to the many different sports and activities that young people take part in, it is also very important that you inform school, other sports club (e.g. rugby / hockey) or other organisation where the possibility of a further knock may occur. To assist this a “Pass-on” note is attached to this letter for your use.

Signed.....coach

Date

Malpas & District Junior Football Club’s Privacy Notice and revised Data Protection Policy can be accessed and reviewed at the following link: www.malpasfc.co.uk/club-policies.html



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Malpas & District JFC - Head Injury "Pass on" Form

A copy of this letter should be handed to the responsible person in any other organisation where there is a risk that a further bump to the head could occur. This includes but is not exclusive to:

- School
- Other Sports Club / Team (rugby, hockey)
- Social Club (Cubs, Scouts, etc.)

To Whom it May Concern

Name of young person: _____

Sustained a bump to the head on: _____

Assessment by a qualified Emergency First Aider identified signs and symptoms of concussion and the player was withdrawn immediately.

You are being provided with a copy of this Form for your information and records in order to reduce the chances of a further head injury taking place within a short period of time.

Signed: _____

Date: _____

Manager / Coach at Malpas & District JFC

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