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| **CONCUSSION INJURY ADVICE** |  | Venue/Event:  |
| (To be given to the **person monitoring** the concussed athlete) |  | Patients Name:  |
| This patient has recovered from an injury to the head. A careful medical examination has been carried out and no sign of serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating doctor will provide guidance as to this time frame. |  | Date/Time of Injury:  |
| **If you notice any change in behaviour, vomiting, dizziness, worsening headache, double vison or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.** |  | Date/Time of medical review:  |
| **Other Important points:*** Rest (physically and mentally) including training or playing sports until symptoms resolve and you are medically cleared
* No alcohol
* No prescription or non-prescription drugs without medical supervision

**Specifically** No sleeping tablets Do not use aspirin, anti-inflammatory medication or sedating pain killers* Do not drive until medically cleared
* Do not train or play sport until medically cleared
 |  | Treating Medical Officer:  |
|  | Contact Details:  |
| **Clinic Phone Number:** |  |  |