



RUNCORN SAXONS FC



ACCREDITED
PART OF ENGLAND FOOTBALL



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THE FA HEAD INJURY PARENT/GUARDIAN/CARER CARD

RSFC follows the FA guidance concerning Concussion and any other head injuries. The Club Welfare Officer is responsible for reviewing the completed form.

Name of injured person:	
Address of injured person:	
Parent/Carer Contact Number:	
Date & time of head injury:	
IMPORTANT WARNING	<p>Please monitor your child for the next 24 hours and if they have any of the symptoms listed below, please take them to Hospital for an urgent assessment at the Accident and Emergency Department.</p> <ul style="list-style-type: none"> • Headache / Localised Pain develops or increases • Localised Injury - bruising / bleeding / fracture • Dizziness / drowsy / cannot be roused • Confusion and disorientation • Memory disturbance / loss • Delayed response to verbal commands • Slurring of speech • Blurred / double vision / seeing 'stars' / flashing lights • Unsteady on feet / loss of balance / un-coordinated movement • Nausea and or vomiting • A fit / 'convulsion' (arms and legs jerking uncontrollably) • Unconsciousness
FOR THE REST OF THE DAY HE/SHE SHOULD:	<p>Relative rest involves resting the body (physically) and resting the brain (cognitive), followed by a gradual return to normal activities as symptoms allow. After the initial 24-48 hour period of relative rest, a staged and graduated return to full daily activities (education/work) and football training is allowed but at a rate that does not worsen existing symptoms, more than mildly, or produce new symptoms.</p>
EMERGENCY CONTACT NUMBERS	
Hospital(s) A&Es:	Countess of Chester - 01244 365000 Alder Hey - 0151 228 4811 Warrington - 01925 635911 Halton Walk In Centre - 01928 714567 NHS Direct on 111
Ambulance:	999
Volunteer to complete: I have given a completed Head Injury Card to a parent / guardian / relative / carer	
Name (Print) _____	Signed _____
Date _____	

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