

Date/time of injury: _____
Description of injury: _____

HEAD INJURY

Dear Parent/Guardian:

At name of school here, we care about your child(ren) and want to do an excellent job of communication between school and home. This note is to inform you that I tried to contact you today via phone at _____.

Your student, _____, was seen in the Health Office due to an injury to the head and was given first aid treatment only. There were no problems at that time. This treatment is not intended to be a substitute for complete medical care. It is important that you use your own judgment in determining whether you contact your family medical provider and/or have your student seen in the emergency room if your student's injury warrants further care. Most head injuries consist of nothing more than a bump on the scalp. Some are accompanied by a concussion which is a cluster of temporary symptoms. Your child was seen in the school health office and had no problems at that time, but you should watch for any of the following symptoms within the next 24-48 hours:

1. Severe headache
2. Excessive drowsiness (awaken the child at least twice during the night)
3. Nausea and/or vomiting
4. Double vision, blurred vision, or pupils of different sizes
5. Loss of muscle coordination such as falling down, walking strangely, or staggering
6. Any unusual behavior such as being confused, breathing irregularly, or being dizzy
7. Seizure
8. Bleeding or discharge from an ear
9. Stiff neck
10. Confusion or other personality change
11. Speech difficulty

IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS, CONTACT YOUR PHYSICIAN OR EMERGENCY ROOM; DO NOT GIVE FLUIDS, TYLENOL OR ASPIRIN

If your student plays any contact sports, please inform coaches or adult supervisors that your student did sustain a head injury at school and explain the warning signs to watch for.

School Nurse/RN/Health Para

(Rev. 9/14)