Head Injury Notification

To: The Parent/Guardian                                      Date: __________________

Re: ______________________________________________________

(Student’s Name)

Today your child received an injury to the head. (S)he appeared to have no problems at the time. However, a concussion should be suspected, and your health care provider notified, with the presence of ONE or more of the following symptoms:

• Headache, “pressure in my head”
• Drowsiness or dizziness
• Nausea and/or vomiting
• Blurred vision, or sensitivity to light
• Balance problems, such as falling down or staggering
• Any unusual behavior such as confusion, irritability, difficulty concentrating or remembering

Consult with your child’s health care provider before giving any medication!

Signs and symptoms may occur immediately or develop slowly over several hours or days.

Transport immediately to Emergency Department if the following symptoms occur or worsen:

• Loss or decreased level of consciousness
• Increased irritability
• Repeated vomiting
• Blood or fluid observed from nose, ears, or eyes
• Slurred speech
• Blurred vision
• Seizures
• Low breathing rate

Thank you,