

Head Injury Notification

Weber School District

Date _____ Time student reported to the office: _____ am/pm

Time student left the office: _____ am/pm

Dear Parent:

Your child, _____ child reported a bump to the head and was seen in the school office by (name) _____ (circle one) secretary/school nurse. No apparent problems were observed, but sometimes symptoms can occur several hours or days after the injury. Therefore, you should watch for any of the following and seek medical evaluation immediately:

- A headache that gets worse and does not go away.
- Repeated vomiting or nausea
- Double vision, blurred vision, or pupils of eyes appear to be different size
- Weakness, numbness, or decreased coordination
- Any unusual behavior, slurred speech, confusion, restless, or agitated.
- Cannot recognize people or places
- Convulsion or seizures
- Bleeding or clear discharge from an ear or nose with no prior symptoms of congestion or drainage.
- Loss of consciousness (even a brief loss of consciousness should be taken seriously).

If your child shows any of the signs listed above, contact your doctor or hospital emergency room immediately.

It is recommended that your child rest quietly the rest of the day. This includes resting from academic activities that take a lot of concentration. **It is highly recommended that your child avoid activities that stimulate the brain such as video games, TV, or music.** Check him/her carefully at bedtime but it is not necessary to awaken him/her once they are sleeping.

Parent notified by: _____ telephone _____ voicemail _____ text _____ e-mail

Comments: _____

Teacher notified: _____ (teacher) at _____ am/pm

School: _____ Phone: _____

School staff signature: _____



