

## HEAD INJURY LETTER

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear parent/guardian:

Your child received a bump or blow to his/her head on the *(describe area of head)* \_\_\_\_\_  
 by *(describe the cause or force of the hit to head)* \_\_\_\_\_  
 today at \_\_\_\_\_ am/pm. **If your child experienced *one or more* of the Signs & Symptoms below, s/he should see a health care provider.**

Signs and Symptoms of head injury can show up right after an injury or may not appear until hours or days after an injury. It is important to watch for changes in how your child is acting or feeling and if signs and symptoms are getting worse. If your child reports one or more of the symptoms listed below, or if you notice the symptoms yourself, seek immediate medical attention for your child.

HEAD INJURY SIGNS & SYMPTOMS OBSERVATION CHECKLIST	Staff Observation	
	YES	NO
<b>Call 9-1-1 immediately for the following:</b>		
Loss of consciousness – even briefly		
Not opening eyes, slow to respond, confused, repetitive questioning		
Weakness, paralysis, or numbness		
Seizures or convulsions		
Worsening of any other symptoms (below) during observation		
Significant bleeding from the scalp		
Neck pain		
<b>Refer to health care provider for <i>one or more</i> of the following:</b>		
Can't recall events <i>prior</i> to the hit, bump, or fall		
Can't recall events <i>after</i> the hit, bump, or fall		
Headache		
Vomiting more than once		
Balance problems or dizziness		
Blurry or double vision		
Sensitivity to light or noise		
Difficulty thinking clearly and/or shows confusion/dazed		
Change in behavior (irritable, emotional, etc.)		
May need stitches		

**Resolution:**

- |  |  |
|--|--|
| <p><b><u>No Signs &amp; Symptoms</u></b></p> <p>___ No symptoms observed</p> <p>___ Student returned to class</p> <p>___ Copy of letter sent to Parent/Guardian/Teacher(s)</p> | <p><b><u>Yes, Signs &amp; Symptoms Present</u></b></p> <p>___ Parent/Guardian notified (time/whom) _____ / _____</p> <p>___ Emergency services activated (<b>9-1-1</b>)</p> <p>___ Student sent home/referred to health care provider</p> <p>___ Teacher(s) and Nurse notified</p> |
|--|--|

Signature & Title of person completing this form: \_\_\_\_\_