



Dear Parent/Guardian of: _____

Date: _____

I am writing to notify you that your student received a blow or bump to his/her head at school today. Below you will find details regarding your child's injury.

OVERVIEW OF INCIDENT

Where the injury occurred: _____ (i.e. playground, gym, hallway, classroom, etc.)

When it occurred: _____

Your student was reported/observed to have:

- Headache, Bruising, Abrasion or cut, Paleness or flushing of the skin, Weakness or paralysis, Bump, Loss of consciousness, Loss of memory, dizziness, or confusion, Nausea and/or vomiting, Vision changes: doubled, blurred, loss of vision or unequal pupils, No apparent symptoms

Treatment given at school: Ice, Rest (duration), Assistance was given by: _____

Disposition:

- Parent/Guardian was called: Time: Message left: Spoke to: Student felt well and returned to class, Student sent home with parent or guardian, 911 called: Time:

Comments:

HOME INSTRUCTIONS

All children who receive a blow/bump to the head should be closely observed for 24 hours after the incident occurs. Contact your doctor promptly if the above symptoms do not improve within 24 hours or if any of the following occurs:

- Loss of consciousness, Unusual drowsiness or unable to waken as usual, Confusion or change in memory or speech, Vision changes: double vision, blurred, loss of, Convulsions, Increasing headaches, Stiffness of neck, Blood or watery fluid from nose or ears, Loss of coordination such as staggering or falling, Severe swelling at injury site, Nausea and/or vomiting

You are encouraged to contact your physician if you have questions about head injury treatment. If you have any questions about what happened at school, please contact our office.

*Important: Due to the inconsistent nature of head injuries, children who received even what is seeming a slight bump on the head should be closely observed for at least 24 hours after the incident occurs. Signs and symptoms of a concussion can show up right after the injury or may not appear until days or weeks after the injury.

If you take your child to a health care provider, please have them fill out the back of this form and return it to the school nurse.

SCHOOL NURSE: _____ DATE: _____

RETURNING TO SCHOOL REPORT - TO BE COMPLETED BY HEALTH CARE PROVIDER



Until the student has fully recovered, the following supports are recommended: (check all that apply)

No return to school until _____

Return to school with following supports:

Shortened day

Recommended hours per day until _____

Shortened classes (i.e. rest breaks during classes)

Maximum class length: minutes

Allow extra time to complete coursework/assignments and tests

Lessen homework load by %

Maximum length of nightly homework: minutes

No significant classroom or standardized testing until _____

Take rest breaks during the day as needed

Be sure the PE teacher, coach, and/or athletic trainer are aware of the student's injury and symptoms.

The following are recommended at the present time:

Do not return to PE class at this time

Return to PE Class

Do not return to sports practices / games at this time

This referral plan is based on today's evaluation.

Return to this office on date/time: _____

Physician's name: _____

Physician's signature: _____

Date: _____