

## Head Injury Letter

Date /Time of Injury: \_\_\_\_\_

Dear Parent/Guardian:

Today, \_\_\_\_\_ was seen in the school office and was given emergent treatment only. 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 physician and/or have your child examined in the emergency room if your child's injury warrants further care. Your child did not experience any problems at the time they reported to the office, but you should watch for any of the following symptoms:

1. Severe headache
2. Excessive drowsiness (awaken the child every two hours) check for these signs & symptoms listed here.
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 dizziness
7. Convulsions
8. Bleeding or discharge from the ear

Contact your local physician or emergency room if you notice any of the above symptoms.

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

An Accident Report has been completed.

Injury Details: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

Suggestions: \_\_\_\_\_

School Principal/Nurse/Secretary: \_\_\_\_\_

Date and Time: \_\_\_\_\_