

NOTICE OF HEAD INJURY

Date _____

To the parent/guardian of: _____

You child received a head injury while at school today.

Where and how the injury occurred:

Description of the injury:

You should monitor your child over the coming days. Be alert for symptoms that could indicate a concussion and that worsen over time. Call 911 right away if your child displays one or more of the following symptoms:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Name: _____

Title: _____