**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 of force of the hit to head) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_today at \_\_\_\_\_\_\_\_\_ am/pm. Your child experienced one or more of the symptoms below, and he/she 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 notice if symptoms are getting worse. If your child reports one or more of the symptoms listed below, or if you notice the symptoms yourself, notify your health care provider right away.

|  |  |  |
| --- | --- | --- |
| **HEAD INJURY SYMPTOM CHECKLIST** | **0****MINUTES** | **30****MINUTES** |
| Loss of consciousness |  |  |
| Eye changes: unequal pupil size or loss of vision |  |  |
| Weakness or paralysis of face or limbs |  |  |
| Blood or clear fluid draining from ears or nose |  |  |
| Seizures or convulsions |  |  |
| Worsening of any other symptoms (below) over observation period |  |  |
| Can’t recall events prior to the hit, bump or fall |  |  |
| Can’t recall events after the hit, bump or fall |  |  |
| Loss of consciousness (even briefly) |  |  |
| Headache or “pressure” in head |  |  |
| Major laceration(s) to the head |  |  |
| Nausea or vomiting |  |  |
| Balance problems or dizziness |  |  |
| Blurry or double vision |  |  |
| Sensitivity to light |  |  |
| Sensitivity to noise |  |  |
| Difficulty thinking clearly and/or shows confusion |  |  |
| Reports feeling sluggish, hazy, foggy or groggy |  |  |

Resolution of injury:

* No symptoms observed
* Student returned to class
* Student sent home
* Parent/Guardian notified
* Emergency services activated (911)
* Student referred to health care provider