An Alert From the School Health Office

Date/Time of Injury: 

Dear Parent(s)/Guardian(s):

Your child, _________________________________, sustained a head injury at school today and was seen in the school health office. At that time, your child did not experience any problems. However, problems related to a head injury may not always occur right away. If you see any of the symptoms listed below, contact your health care provider immediately. Be sure to inform them that your child recently sustained a head injury.

- Unusual sleepiness or drowsiness;
- Nausea and/or vomiting;
- Convulsions (fits) (seizures);
- Bleeding or discharge from the ear;
- Double vision, blurred vision or pupils of different sizes;
- Weakness or numbness of arms or legs or trouble walking;
- Change in usual behavior such as being confused or breathing irregularly or dizziness;
- Continued severe headache;

Please call the school’s health office if you have any questions or concerns.

_________________________________________  _______________________________

School Nurse                                              School Name

_________________________________________

Phone Number