

REPORT TO PARENTS OF A HEAD INJURY

Date: _____

Dear Parents/Guardian:

This is to inform you that your child _____ Gr: _____
has suffered a head injury today.

The following events occurred: _____

Area of head affected: _____ Time: _____

The child's condition before leaving:

All children should be checked at bedtime and awakened at midnight to be sure he/she can be awakened.

Please watch your child carefully for at least the next 24 hours. Occasionally, following even the mildest head injuries, blood will slowly accumulate, causing compression of the brain hours or even days after the initial injury.

Listed below are some symptoms, which may occur and would require **IMMEDIATE MEDICAL ATTENTION:**

- Severe headache
- Nausea and/or vomiting
- Double vision, blurred vision, or pupils of different sizes (the pupil is the round dark part of the center of the eye)
- Loss of muscle coordination, such as falling down, walking strangely or staggering
- Any unusual behavior such as being confused, breathing irregularly, or dizziness
- Convulsion
- Bleeding or discharge from an ear

PLEASE CONSULT YOUR CHILD'S USUAL SOURCE OF MEDICAL CARE TODAY IF YOU HAVE ANY QUESTIONS.

School Nurse