



Date: _____

Head Injury

Dear Parent/Guardian:

Today, your child, _____ was seen in the Health Office at school after receiving an injury to the head. The following event occurred:

_____ .

Your child had NO problems at that time. Most head injuries consist of nothing more than a bump on the scalp. Some are accompanied by a concussion, which is a cluster of temporary symptoms. However, you should observe your child for any of the following symptoms:

Possible signs of a concussion	
If your child says:	If you see your child doing this:
<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down” 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can’t recall events prior to the hit, bump, or fall • Can’t recall events after the hit, bump, or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments

CONTACT YOUR LOCAL HEALTH CARE PROVIDER OR EMERGENCY ROOM IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS.

Health Office Staff

Telephone Number

Additional information about concussions is available at the following website:
<http://www.cdc.gov/headsup/parents/index.html>