

Head Bump Information

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Dear Parent/Guardian:

Your student received a minor injury to the head today and was seen in the school office. No apparent problems were observed, but sometimes symptoms can occur several hours later. You should watch your child for any of the following and if observed, contact your doctor or emergency room:

Symptoms you can observe:

- |   |   |
|---|---|
| *Is confused about events               | * Can't recall events after the hit, bump, or fall    |
| *Loses consciousness (even briefly)     | * Appears dazed or stunned                            |
| * Shows behavior or personality changes | * Answers questions slowly                            |
| * Repeats questions                     | * Can't recall events prior to the hit, bump, or fall |

SYMPTOMS REPORTED BY THE STUDENT

- |  |  |
|--|--|
| <u>Thinking/Remembering:</u> <ul style="list-style-type: none"><li>* Difficulty thinking clearly</li><li>* Difficulty concentrating or remembering</li><li>* Feeling more slowed down</li><li>* Feeling sluggish, hazy, foggy, or groggy</li></ul> | <u>Physical:</u> <ul style="list-style-type: none"><li>* Headache or pressure in head</li><li>*Nausea or vomiting</li><li>* Balance problems or dizziness</li><li>* Fatigue or feeling tired</li><li>*Blurry or double vision</li><li>*Sensitivity to light or noise</li><li>*Numbness or tingling</li></ul> |
| <u>Emotional:</u> <ul style="list-style-type: none"><li>* Irritable</li><li>* Sad</li><li>* More emotional than usual</li><li>* Nervous</li></ul>  | <u>Sleep:</u> <ul style="list-style-type: none"><li>*Drowsy</li><li>*Sleeps less than usual</li><li>*Sleeps more than usual</li><li>*Trouble falling asleep</li></ul>  |

We attempted to reach you by phone. If we were unable to reach you, a message was left at the following number: \_\_\_\_\_.

Health Provider: \_\_\_\_\_ School: \_\_\_\_\_  
Phone Number: \_\_\_\_\_