



NOTICE TO PARENT OF POSSIBLE HEAD INJURY

Dear Parent/Guardian: _____ Date: _____

Your child, _____, received a possible head injury at school.

Time: _____ Description of event: _____

Following the injury, if your child experiences any of the following symptoms:

- A long lasting headache or a headache increasing in severity
- Nausea or vomiting
- Paleness or flushing of the face or “not feeling right”
- Unusual drowsiness, confusion, irritability
- Loss of memory
- Dizziness/ muscle weakness/slurred speech
- Blurring of vision
- Convulsions/seizures
- Bleeding or discharge from an ear
- Change in behavior/ personality

then they should be referred to your