



To Parent/Guardian of: _____

Today, your child received an injury to the head. He/she was seen in the health office at

_____ and had:

School Name

1. Headache
2. Nausea
3. Dizziness
4. Pupils that are equal and reactive.
5. No apparent problems at this time

The mechanism of injury was _____.

However, you should watch for any of the following symptoms:

1. Severe headache
2. Excessive drowsiness (awaken the child at least twice during the night)
3. Nausea and/or vomiting
4. Double vision, blurred vision, or pupils of different sizes
5. Loss of muscle coordination such as falling down, walking strangely, or staggering
6. Any unusual behavior such as being confused, breathing irregularly, or being dizzy
7. Convulsion
8. Bleeding or discharge from an ear

CONTACT YOUR DOCTOR OR EMERGENCY ROOM IMMEDIATELY IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS!

Sincerely,

School Nurse