

DATE: \_\_\_\_\_

TO THE PARENTS OF: \_\_\_\_\_

Your child suffered a head injury at school today. Explanation of injury:

---

---

---

---

---

There was:     Bleeding     Bruising     Redness     Abrasion     Swelling  
 No bleeding, bruising, redness, abrasion, or swelling to the area

Your child appears to be fine at this time. However, if any of the following signs appear, please seek immediate medical attention.

1. Severe headache (DO NOT GIVE ASPRIN)
2. Nausea or vomiting
3. Unusual drowsiness or unable to awaken
4. Sudden changes in behavior
5. Change in level of consciousness, such as not remembering where he/she is
6. Blurred or double vision
7. Unstable walk or poor balance
8. Unequal pupils
9. Nosebleed or drainage from nose or ears
10. Blueness in lips or face
11. Convulsions
12. Sudden paralysis

If you have any questions, please call me at the school.

Sincerely,

School Nurse

Name of person who cared for your child if other than the School Nurse: \_\_\_\_\_