



## HEAD INJURY - PARENT NOTIFICATION

Dear Parent:

Today, \_\_\_\_\_ received an injury to the head.  
(Name of Student)

Your child was seen in the health office and had no problems at that time, however you should watch for any of the following symptoms:

- Severe headache.
- Excessive drowsiness (awaken child at least twice during the night) or difficulty in arousing child.
- Nausea and/or vomiting.
- Double or blurred vision, or pupils of different sizes.
- Loss of muscle coordination such as falling, staggering, or walking strangely.
- Any unusual behavior such as being confused, irregular breathing, or being dizzy.
- Convulsion (seizure).
- Bleeding or unusual fluid coming from ear, nose, or mouth.

If you notice any of the above symptoms, **contact your doctor or emergency room at once.**

\_\_\_\_\_  
School Staff's Signature/ Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Telephone Number