

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 Licensed Health Care Provider or emergency facility.

Due to the inconsistent nature of head injuries, children who have received even what is seemingly a slight bump on the head should be observed for at least 24 hours after the accident. Symptoms of a head injury can be delayed for several hours or even a day following the injury.

Note: If the child participates in school-sponsored sports, they must have a letter from a Licensed Health Care Provider (LHCP) clearing them for WIAA return to play eligibility.

LHCPs are defined as: Medical Doctors (MD), Doctors of Osteopathy (DO), Advanced Registered Nurse Practitioners (ARNP), Physician Assistants (PA-C), or Certified Athletic Trainers (AT/L).

If you seek medical care, please provide the school with documentation from a Licensed Health Care Provider for any activity limitations or restrictions. Thank you.

Please contact the school if you have questions.

Staff Signature

Title

Phone number