

---

**Office of the School Nurse**  
**HEAD INJURY SHEET**

Date: \_\_\_\_\_

Dear Parent,

\_\_\_\_\_ was seen today for an injury to the head.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Your child was observed at school for the following symptoms and no problems were noted. Please continue to watch for any of the following symptoms.

1. Severe headache(do NOT give aspirin, Tylenol or other pain relievers to mask symptoms).
2. Excessive drowsiness(awaken the child at least twice during the night).
3. Nausea and/or vomiting
4. Double vision, blurred vision, pupils of different sizes or pupils that do not constrict when a light is shone in them.
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 the ear, nose or throat.

CONTACT YOUR LOCAL MEDICAL FACILITY IF YOU NOTICE ANY OF THE ABOVE SYMPTOMS