

## Notification of Possible Head Injury

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

Dear Parent/Guardian of \_\_\_\_\_

This is to inform you that your child was involved in the following accident at school today:

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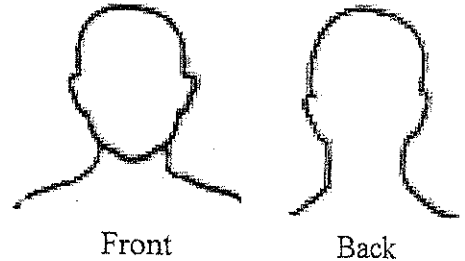
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He/she rested and was observed for signs and symptoms of serious injury.  
At the end of the rest period,

- He/She appeared to be all right and was returned to class.
- Parent was notified at \_\_\_\_\_ AM/PM
- Unable to contact parent/voice message at \_\_\_\_\_ AM/PM
- Released to parent/guardian.



With any blow to the head, we recommend that parents continue to observe the child upon his/her return home from school. If any of the following are observed, you should contact your doctor immediately or take your child to the nearest Emergency Facility.

- Drowsiness or difficulty waking from sleep
- Headache with increasing pain
- Vomiting
- Double vision or blurred vision
- Convulsions (uncontrolled body jerking)
- Numbness or weakness in arms or legs
- Bleeding or fluid from ear
- Confused or unusual behavior
- Increased swelling or change in color on face or head
- Stiffness of the neck

Please call us if you have questions or need assistance. (510-\_\_\_\_\_)

Sincerely,

\_\_\_\_\_  
(Report completed by)