

West Carrollton School District Parent Notification of Head Injury

Student Name: _____

School: _____

Date: _____

Dear Parent/Guardian:

Today at school your student received an injury to the head. He/She was seen in the clinic and had no serious symptoms at the time of the injury. However, we know that head injuries can get worse over time. **Do not administer any pain medications to your student during the next 24 hours.**

We encourage you to watch your child closely for the following symptoms:

- ❖ Severe Headache
- ❖ Nausea and Vomiting
- ❖ Double vision, blurred vision, or pupils of different sizes
- ❖ Loss of muscle coordination – falling down, staggering or walking strangely
- ❖ Unusual behavior – confusion, problems with speech, dizziness, etc.
- ❖ Irregular breathing
- ❖ Seizure/convulsion
- ❖ Bleeding/discharge from the ears
- ❖ Excessive sleeping – DO NOT allow your child to sleep for any extended period of time this afternoon/evening. It is important to regularly wake up your child during sleep the first night after injury.

**IF YOUR CHILD EXHIBITS ANY OF THE ABOVE SYMPTOMS,
IMMEDIATELY CONTACT YOUR DOCTOR OR VISIT THE
EMERGENCY ROOM.**

Any questions please call:

Name: _____

Signature: _____

Title: _____

Phone Number: _____