



NOTICE TO PARENTS OF HEAD INJURY

Date: _____

Dear Parents:

This note is to inform you that _____ received a blow to the head in an accident at school today. The usual emergency procedures were carried out at school. The student was observed for 20 minutes in the health office.

We have either reached you by phone, attempted to reach you by phone, or there is an obvious lack of symptoms other than a bump on the head. We are additionally following up with this note.

Please watch him/her for the rest of the day and if you note such symptoms as nausea, vomiting, dilation of the pupil of only one eye, sudden violent headache, or unusual drowsiness, please contact your family health advisor immediately. Obviously, please contact your health advisor if you feel it appropriate even if there are not obvious symptoms.

If you have any questions, please feel free to contact the school.

Signature: _____

Title: _____

Description of Incident: _____
