



CLOVIS UNIFIED SCHOOL DISTRICT

NOTIFICATION OF A HEAD INJURY

To the Parents/Guardian of: _____ Date: _____

Your child sustained a head injury at school today. A brief description of how the injury occurred is:

At present, he/she is exhibiting these signs and/or symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Headache or "pressure" in head | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Loss of memory |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Loss of consciousness or responsiveness |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Sleepiness/Drowsy |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Numbness or tingling |
| <input type="checkbox"/> Noise sensitivity | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Bump or Swelling | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cut | <input type="checkbox"/> None |
| <input type="checkbox"/> Bleeding/drainage from ears and/or nose | |
| <input type="checkbox"/> Slurred speech | |
| <input type="checkbox"/> Slow to answer questions | |
| <input type="checkbox"/> Difficulty with coordination or balance | |
| <input type="checkbox"/> Abnormal behavior; nervousness, anxiety, or perseveration. | |
| <input type="checkbox"/> Unequal pupil size or reaction to light | |
| <input type="checkbox"/> Blurred vision, seeing stars, double vision, and/or sensitivity to light | |

Head injuries can occasionally cause trouble many hours or days later. The symptoms may last only a few minutes or for several months. If you are concerned about your child's condition, or if **any** of the following symptoms occur, your child should be evaluated by a doctor or taken to a clinic or hospital immediately.

SYMPTOMS TO LOOK FOR REGARDING A HEAD INJURY

1. If a headache develops, continues, or becomes severe.
2. If vomiting occurs, or if your child complains of dizziness.
3. If sleepiness or drowsiness develops at a time other than normal for sleep.
4. If blood or other fluid drains from the ears or nose.
5. If a seizure or convulsion occurs.
6. If unusual, abnormal behavior, eye movements or unequal pupils occur.
7. Confusion.
8. Avoid giving any medication without first consulting with a doctor.

If you have any additional questions regarding the above, please contact your doctor or an emergency room doctor.

 School Nurse Health Service Assistant

Health Office Phone Number