

Student Name:

Grade:

Date:

School:

Health Aide:

HEADS UP!

Dear Families:

You were contacted because your child experienced a head hit at school today. A head hit is any knock/bump/blow or hit to the head. The head is considered anything above the neck and includes eye/nose/mouth/teeth/ears.

Brief Description of the event:

Parent Called at (Time) _____ AM/PM Spoke with parent ☐ Left Message ☐ Email sent ☐
 Head Hit Letter Sent: with student ☐ Given to Parent ☐

Observe your child closely today and for the next week for possible signs/symptoms of concussion. A concussion is defined as a temporary injury to the brain that can temporarily disrupt how the brain works. Signs/symptoms usually are immediate but please always contact your medical provider with questions or concerns regarding your student's health.

Below are some common signs/symptoms that you may observe with a possible concussion.

PHYSICAL	EMOTIONAL	COGNITIVE
Headache Blurred vision Poor balance Seeing "stars" Sensitive to light/noise	Feeling more "emotional" Personality changes Nervous/anxious Irritability/Sadness Lack of motivation	Feel in a "fog" Feel "slowed down" Difficulty remembering Difficulty concentrating/easily distracted Easily confused

Seek Immediate Medical Attention

- Loss of consciousness ➤ Seizure or convulsion ➤ Confusion, restlessness, or agitation
- Weakness, numbness, or decreased coordination ➤ Repeated vomiting or nausea
- Slurred speech ➤ Headaches that increase in severity
- A child who will not stop crying or cannot be consoled