

Green Bay Public School District

Head Injury Report



Student name: _____ DOB: _____ Date: _____ School: _____

Dear Parent/Guardian:

Your child bumped his/her head at _____ a.m. /p.m. Information about the injury follows:

- | | |
|--|--|
| <input type="checkbox"/> Hit head on wall | <input type="checkbox"/> Enroute to class |
| <input type="checkbox"/> Hit by _____ ball | <input type="checkbox"/> During recess/play ground |
| <input type="checkbox"/> Hit head on bars/equipment/ground | <input type="checkbox"/> During P.E. class |
| <input type="checkbox"/> Hit head on/with another student | <input type="checkbox"/> In the classroom |
| <input type="checkbox"/> Hit head on desk/table | <input type="checkbox"/> Other: _____ |

Your child was observed for _____ minutes in the school office and was alert and knew their name, where he/she was and could tell what happened.

- Ice pack applied to area
 Injured area cleaned and covered
 Eyes checked & rechecked
 Symptoms of nausea & vomiting
 Child felt well enough to return to class
 Parent contact time _____
 Phone message left.
 Emergency Contact time _____

Comment: _____

Witnesses: _____

All head injuries should be watched closely for at least 24 hours. You may allow your child to sleep, but check your child a few times that first night. He/she should wake up, walk and talk normally. After 48 hours, treat your child as before injury occurred.

If you child reports **one or more** the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION		
SIGNS OBSERVED BY PARENTS/GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD	
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can't recall events prior to the hit, bump or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments 	<p>Thinking /Remembering</p> <ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy or groggy <p>Physical:</p> <ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not "feel right" 	<p>Emotional:</p> <ul style="list-style-type: none"> • Irritable • Sad • More emotional than normal • Nervous <p>Sleep*:</p> <ul style="list-style-type: none"> • Drowsy • Sleeps less than usual • Sleeps more than usual <p><i>*Only ask about sleep symptom if the injury prior day</i></p>

Materials adapted from U. S. Dept. of HHS Centers for Disease Control and Prevention

A few children will get sick from a head injury 7 to 10 days after the accident. Please keep this slip and show it to your doctor if any of the above things happen to your child at any time during the next 10 days. If your child has received two or more serious head injuries within the last year, please contact your physician.

Sincerely,

School staff member

Copy of this given to student date _____ time _____

Injury documented in Infinite Campus Health Office Visits
or form scanned and uploaded into IC documents tab.