



# The Chester Community Charter School

Date \_\_\_\_\_

## **HEAD INJURY REPORT / INSTRUCTIONS FOR PARENT**

Dear Parent(s) or Guardian(s):

This is to inform you that your child \_\_\_\_\_ in grade \_\_\_\_\_

has suffered a suspected head injury. At this time: \_\_\_\_\_ the following events occurred:

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Students' condition upon leaving the school nursing office:

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Please consult your child's usual source of medical care today regarding any instructions or recommendations. Listed below are some symptoms to watch for that require immediate medical attention.

- Blurred vision or dizziness
- Vomiting
- Increasing drowsiness or hyperactivity
- Continued headache
- Stiffness of the neck
- Unequal pupil size
- Blood or clear fluid dripping from ears or nose.
- Seizures
- Difficulty in speech
- Anything that concerns you

If the student feels dizzy but all other findings are normal, seek medical attention immediately.

Unable to contact by telephone

As discussed by telephone

Sincerely,

Nursing Staff Signature \_\_\_\_\_ Bdlg. \_\_\_\_\_