

FERNDALE SCHOOL DISTRICT NO. 502
 Ferndale, WA 98248

Head Injury Information

Date: _____

Dear Parent/Guardian:

_____ came to the office today with report of an injury to his/her head.

We were:	
<input type="checkbox"/>	Able to reach you and are providing this for your information
<input type="checkbox"/>	Unable to contact you by phone regarding this concern. Your child did not appear to have any of the symptoms noted below upon departure from the school.
<input type="checkbox"/>	Update of emergency numbers/ contacts required
Phone Message:	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, not accessible.

If symptoms of concern were present, 911 would have been called and your child would have been transported to the local emergency room for evaluation and monitoring.

Description of event (location and time) and your child's symptom/complaint:

Seek emergency medical care/consultation especially if you see the following symptoms:	
<ul style="list-style-type: none"> Severe headache or a headache that gets worse Loss of muscle coordination or weakness such as falling down, walking strangely, or staggering. Cannot recognize people, places or confusion Double vision or pupils of different size Irregular breathing, slurred speech Any other unusual appearance/behavior 	<ul style="list-style-type: none"> Repeated vomiting Very drowsy or cannot be awakened Seizures Very irritable Bleeding or discharge from ear
	Other: _____

Based on the symptoms/concerns of this injury:

- You must provide medical clearance from a health care provider prior to returning to school.
 If your child is evaluated by a health care provider you must obtain medical clearance to participate in PE/ activities.

Student Disposition:

- Return to Class Home EMS evaluation EMS evaluation and transport Other: _____

Cc: School Nurse