



Allan Garde, Assistant Superintendent, Business Services
24411 Amador Street, Hayward, CA 94544 T 510.784.2680

Date:

Time of Injury:

WE COULD/COULD NOT REACH YOU BY PHONE
(Circle One)

Dear Parent,

Your child, _____ received a minor injury to the head
at _____ and was seen in the _____ office. No
apparent problems were observed, but sometimes symptoms can occur several hours later.

Please watch for the following signs and symptoms:

1. Headache (severe)
2. Nausea and/or vomiting
3. Inability to awaken
4. Unusual drowsiness
5. Walks unsteadily
6. Unusual behavior: hostile, combative, very lethargic (tired), appears confused or has difficulty making decisions
7. Double vision, blurred vision, or pupils of eyes appear to be different size
8. Seizures or convulsions

If your child has any of these symptoms and/or if they increase in frequency and severity, contact your physician and take your child to a medical facility for evaluation immediately.

Thank you for your attention to this important aspect of your child's health.

School Site Signature