

HEAD INJURY REPORT

Student Name _____ Gr _____ Teacher _____

Date of injury _____ Time of injury _____

Place injury occurred _____

Witness to injury _____

How did the injury occur?

LOCATION OF HEAD INJURY _____

WHAT SYMPTOMS DO YOU SEE OR ARE REPORTED?

(Circle symptoms on the backside of this sheet) **OR** No symptoms noted

Actions Taken:

First aid (circle): Ice Rest Pressure applied to a cut to stop bleeding

Student Observed (circle) 15 mins. 30 mins Other: _____

- Symptoms observed by school staff (turn page over)
- Call 911 for emergency** (see UM Concussion Danger Signs Facts)
- Removed from PE/ sport activity
- Notified teacher/school staff to observe student for any symptoms and report back to office staff.
- Notified Parent (must speak to a parent/guardian)

Who, time, plan _____

Your child was observed for concussion symptoms by school staff (see backside of this sheet). Please continue to observe your child for continued symptoms or change in symptoms. It is recommend that you contact your child's Health Care Professional immediately to discuss a plan for evaluation if necessary. Michigan Law requires a Health Care Professional clearance for PE/Sports/Recess if a student experiences concussion symptoms. Please bring in clearance to the school to resume PE and Recess.

Person completing this sheet _____

School nurse notified _____ YES _____ NO

CONCUSSION **FACTS**

- Getting your bell rung **IS** a concussion
- Most concussions **DO NOT** involve being knocked out
 - only occurs in 1 of 10 cases
- Concussions **DO NOT** require a blow to the head
 - they can result from whiplash
- Every concussion is unique
 - they **DIFFER** by **PERSON & INCIDENT**

1 OR MORE OF THESE MAY = CONCUSSION:

*May not appear for **MINUTES, HOURS, DAYS** or **UNTIL CHALLENGED** (physically **OR** mentally)*

- Headache
- Pressure in the Head
- Nausea or Vomiting
- Sleep Changes
- Dizziness
- Vision Changes
- Sensitive to Light or Noise
- Feeling Sluggish or Groggy
- Confusion
- Difficulty Concentrating or Remembering
- Mood Changes
- Behavior or Personality Changes
- Being Knocked out (even briefly)
- Answers Questions Slowly
- Moves Clumsily

Keep CONCUSSIONS on the Sidelines!

DANGER SIGNS = IMMEDIATE MEDICAL ATTENTION:

- Symptoms Get Worse
- Decreasing Consciousness
- Increasing Sleepiness
- Seizure
- Vomiting
- Trouble Recognizing People or Places
- Neck Pain
- Weakness in Arms or Legs
- Slurred Speech

With proper recognition & management YOU can prevent permanent brain injury & death