SMUHSD Head Injury Report

Student's Name: _____ DOB: _____

Student ID#: _____ School: _____

Due to the inconsistent nature of head injuries, students who have sustained any forceful contact, bump or blow that may affect the head or shoulders should be closely observed for at least 24 hours after the incident occurs. Symptoms indicating a head injury often do not occur for several hours or until the following day. The severity of the blow does not always determine whether a particular student will or will not sustain an injury to the brain or head.

You may want to schedule an appointment with your student's licensed healthcare provider. When a student receives a blow or jolt to their head or sustains a whiplash-type motion of the head or neck, it is recommended to observe them for the following symptoms (adopted from CIF) that might indicate a subdural hematoma and the need for immediate medical attention*:

1. Nausea or repeated vomiting
2. Lethargy: Is the student extremely sleepy at wake time? Can they be awakened from sleep?
3. Mental confusion/disorientation/irritability: Can the student remember their name, address, age, etc.?
4. Lack of movement/weakness/numbness: Is the student able to move arms and legs properly?
5. Lack of balance/unsteadiness on feet
6. Unequal size or dilation of pupils of eyes/Changes in vision (double, blurry vision)
7. Prolonged or increasingly severe headache
8. Loss of consciousness (LOC)
9. Stiffness of neck
10. Unusual behavior/Slurred speech
11. Convulsions/seizures (uncontrolled jerking of arms/legs)
12. Drainage of blood or clear fluid from nose or ear
13. Loss of bowel and/or bladder control
14. Slow pulse

Should any above symptoms develop, consult with your healthcare provider immediately. Please have the healthcare provider complete the following document and return to your school site Health Aide or Athletic Trainer.

*In addition to concussion, head injuries can cause bruising of the head or face. If a blood vessel under the skull is damaged and starts to bleed, this is called a subdural hematoma. This bleeding may occur slowly, so the injured person may not show problems until hours or many days later. Symptoms of subdural hematoma may be: drowsiness during the day; vomiting; worsening headache; blood or clear fluid oozing from nose or ear; one-sided weakness of arms, hands or legs; unequal or enlarged pupils; coma. If any of these are noticed, bring your child to the emergency department.

SMUHSD Head Injury Referral

Student's Name: _____ DOB: _____

Student ID#: _____ School: _____

INJURY STATUS:

Date of Concussion Diagnosis by MD/DO: _____ Date of Injury: _____

(Please mark appropriate box below):

☐ Has been diagnosed by a MD/DO with a concussion and is currently under our care.

Medical follow-up evaluation is scheduled for (date): _____

☐ Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.

ACADEMIC ACTIVITY STATUS (Please mark all that apply):

☐ This student is not to return to school until _____ (date).

☐ This student may begin to return to school based on graduated progression through the CIF Concussion Return to Learn Protocol.

☐ This student requires the necessary school accommodations set forth on the CIF Physician Recommended School Accommodations Following Concussion form.

☐ This student may be released to full academic participation.

Comments:

_____

PHYSICAL ACTIVITY STATUS (Please mark all that apply):

☐ This student is not to participate in physical activity of any kind until _____ (date).

☐ This student may begin a graduated return to play progression (see CIF Concussion RTP Protocol form).

☐ This student has medical clearance for unrestricted athletic participation, once student has completed the CIF Concussion RTP Protocol.

Comments:

_____

Physician (MD/DO) Signature: _____ Exam Date: _____

Physician Stamp (required) and Contact Info:

Parent/Guardian Signature: _____ Date: _____

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