



Conestoga Valley Elementary School Head Injury Notification

Date	
Student	
Time of Injury	
Nature of Injury	

Condition Leaving Health Room _____

This is a parent notification form that your child injured their head at school today. Many times symptoms from a head injury do not occur immediately, so your observation at home is important.

What should I be looking for?

Any of the following warning signs indicate the need for medical attention.

- Unusual drowsiness, especially increasing drowsiness (may be seen as difficulty waking child from sleep)
- Shows mood, behavior, or personality changes
- Severe or continued headache
- Confusion, problems with memory or speech (may answer questions slowly or slurred- may not make sense).
- Appears dazed with a vacant stare, foggy, hazy, sluggish, or groggy
- Pupils of the eye are unequal in size
- Double or blurred vision and sensitivity to light
- Problem with sense of balance (unsteady walking)

Contact your doctor or emergency room at once for the following symptoms:

- Is not moving neck normally or has neck pain
- Oozing of blood or fluid from the nose or ears
- Restlessness, agitation or seizure activity
- Abnormal breathing pattern
- Continued nausea or vomiting

Parents should always seek medical care if a child shows any symptom of a concussion. Concussions take time to heal. Don't let your child return to sports or physical activity until evaluated by a health care professional.

Please notify your school nurse if you seek medical attention for this injury. If your child receives a concussion diagnosis, use the reverse side of this form for any restrictions or accommodations needed during the recovery process.

Name and Title

School Accommodations for Students with Concussions

Parents: Please use this form or one provided by your child's doctor. Return completed form to the school nurse.

Name of Student _____ **Date of Appointment** _____

Activity Restrictions

Attendance: _____ no school _____ half-days
_____ full days _____ scheduled rest in nurse's office

Classes: _____ pre-printed class notes _____ breaks from class as needed

Homework: _____ no assignments _____ limited

Testing: _____ no testing _____ untimed
_____ one test per day _____ no open-ended questions
_____ private location _____ no accommodations

Phys. Ed. Class: _____ no activity _____ moderate cardio
_____ non-contact activities _____ weight-lifting
_____ no accommodations

Other Accommodations:

_____ wear sunglasses/hat _____ limit computers/audiovisuals
_____ lunch/recess in quiet area _____ move seat away from window
_____ early transition between classes _____ excuse from cafeteria
_____ excuse from music class

These recommendations are effective _____ **through** _____ .

Name of Doctor/Practice _____

Doctor's Signature _____