



Head Bump Injury Report

Student Name: _____ Date: _____

School: _____ Teacher/Grade: _____

Where and How Injury Occurred: _____

_____ Appearance of injury: _____

| SIGNS OBSERVED AND SYMPTOMS REPORTED: _____ | | Time admitted to Health Room | |
|--|---|--|---|
| <i>(symptoms assessed upon entering health room)</i> | | | |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Loss of consciousness (at time of injury) | <input type="checkbox"/> yes <input type="checkbox"/> no | Headache or pressure in head |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Confused or disoriented | <input type="checkbox"/> yes <input type="checkbox"/> no | Nausea or vomiting |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Answers questions slowly | <input type="checkbox"/> yes <input type="checkbox"/> no | Blurred or double vision |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Uncoordinated or more clumsy than usual | <input type="checkbox"/> yes <input type="checkbox"/> no | Sensitivity to light or noise |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Dizzy | <input type="checkbox"/> yes <input type="checkbox"/> no | Unable to recall events <i>before</i> injury |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Does not "feel right" | <input type="checkbox"/> yes <input type="checkbox"/> no | Unable to recall events during or <i>after</i> injury |
| <input type="checkbox"/> Other _____ | | | |

(including changes in symptoms over time)

TREATMENT:

| | |
|--|---|
| <input type="checkbox"/> Ice | <input type="checkbox"/> Bump washed and bandaged |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Nurse Assessment |
| <input type="checkbox"/> Wrist Band (Elementary students only) | <input type="checkbox"/> Other _____ |

FOLLOWING TREATMENT:

| FOLLOWING TREATMENT: | | Time checked out of Health Room | |
|---|--|---------------------------------|--|
| Parent Notification: | | | |
| <input type="checkbox"/> spoke with parent _____ | <input type="checkbox"/> Student returned to class | | |
| <input type="checkbox"/> unable to contact parent | <input type="checkbox"/> Student sent home | | |
| <input type="checkbox"/> message left at _____ (number) | <input type="checkbox"/> Released to EMS | | |
| <input type="checkbox"/> 911 called | <input type="checkbox"/> Other _____ | | |

Injury witnessed by: _____

Student assisted in health room by: _____

Important: *Due to the inconsistent nature of head injuries, children who have received even what is seemingly a slight bump on the head should be closely observed for at least 24 hours after the incident occurs. Signs and symptoms of a concussion can show up right after the injury or may not appear until days or weeks after the injury.*

Dear Parent:

Today, while at school, your child received an accidental bump, jolt, or hit to his/her head and/or neck.

If your child reports any of the above listed symptoms:

- Seek medical attention right away.** A health care professional will be able to determine if your child has had a concussion, how serious it is, and when it is safe for your child to return to normal activities.
- Keep your child out of play.** Concussions take time to heal. Don't let your child return to sports or PE until a health care professional says it is okay. Children who return to play too soon—while their brain is still healing—risk a second injury which could be much more serious.
- If your child is diagnosed with a concussion, written instruction from a Health Care Provider is needed for them to return to school.** A doctor's note or the *Return After Concussion* form, from the district web site, may be used. (On RSD website see District Departments/Health Services— forms at the bottom of page)

Note: *Parents and their doctor are responsible to determine when a student is fit to return to normal activities. The school may ask for a doctor's note following a head injury/concussion for a student to return to full participation.*

CC: [] Parent [] Health Room File [] School Nurse [] Athletic Director (secondary only)