



# Snoqualmie Valley School District

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## HEAD INJURY REPORT

Date: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Your child, \_\_\_\_\_, received an injury at school involving his/her head while participating in:

P.E.       Lunch       Recess       Other \_\_\_\_\_

Description of incident: \_\_\_\_\_

### Child's symptoms/assessment included:

- Headache
- Abrasion
- Paleness or flushing
- Loss of memory
- Nausea – vomiting
- Double/blurred vision
- Change in pupil(s)
- Weakness or paralysis of limbs
- Loss of consciousness
- Dizziness
- Swelling at site of injury
- Discoloration
- Alert
- Oriented to events

### Treatment:

- Ice to site of injury
- Rest
- Observation for 20 minutes
- Other \_\_\_\_\_
- Neurological checks (per school nurse)
- vital signs : Pulse \_\_\_\_\_ B/P \_\_\_\_\_
- O2 Saturation \_\_\_\_\_

Parent/guardian, continue to observe your student. If any of the following symptoms develop, seek medical attention right away:

SYMPTOMS OF CONCUSSION MAY INCLUDE:	OTHER SIGNS TO NOTE and REPORT RIGHT AWAY:	POTENTIAL SIGNS OF A MORE SEVERE HEAD INJURY
<ul style="list-style-type: none"> <li>• Headaches or “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or groggy/fatigue</li> <li>• Change in sleep patterns</li> <li>• Amnesia or confusion</li> <li>• Nervous, irritable, emotional</li> <li>• Concentration/ memory problems</li> <li>• Repeating the same question</li> </ul>	<ul style="list-style-type: none"> <li>• Appears dazed/vacant stare</li> <li>• Clumsy or uncoordinated</li> <li>• Slurred speech</li> <li>• Seizures or convulsions</li> <li>• Answers questions slowly</li> <li>• Loss of consciousness</li> <li>• Any change in typical behavior or personality</li> <li>• Can't recall events prior to the injury</li> <li>• Can't recall events after the injury</li> <li>• Lethargic- inappropriate sleepiness</li> </ul>	<ul style="list-style-type: none"> <li>• Convulsion/seizure/loss of consciousness</li> <li>• Severe or worsening head pain</li> <li>• Confusion or memory loss</li> <li>• Dizziness or vertigo</li> <li>• Paleness or flushing of face</li> <li>• Change in pupil size with visual changes</li> <li>• Weakness or paralysis of face or limb</li> <li>• Stiffness of neck/pain in the neck</li> <li>• Blood or clear fluid dripping from ears or nose (not related to a cold)</li> <li>• repeated vomiting</li> </ul>

### Parent/Guardian Notification

Parent/guardian contacted: \_\_\_\_\_

Teacher notified / aware: \_\_\_\_\_

School Nurse notified/ aware: \_\_\_\_\_

#### Disposition of student:

- Student returned to class \_\_\_\_\_
- Parent called for pick up \_\_\_\_\_
- Student sent home with \_\_\_\_\_
- Aid car/911 called \_\_\_\_\_

Follow up with School Nurse: Student needs return to play clearance?      Yes \_\_\_\_      No \_\_\_\_

Reporting Person: \_\_\_\_\_