

BUMP OR BLOW TO THE HEAD

HANDOUT

School: _____ Date: _____

Dear Parent/Guardian,

Your child _____ received a bump on the head today.

Your child was checked and first aid was given. Description of the accident:

Even though your child left the office feeling better, we would like you to be aware of this incident. Please observe your child for the next 24 hours in case the injury is more serious than it seemed.

Do not give your child any pain medication for at least 24 hours to closely monitor your child's reaction to the injury. If a headache is bad enough to require pain medication, your health care provider should be contacted.

If any of the following signs or symptoms occurs, contact your family health care provider or go to the hospital emergency room for further evaluation:

Unusual sleepiness	Bleeding or fluid from ears or nose
Change in behavior/confusion	Unequal size of eye pupils (black part)
Severe headache	Loss of balance, staggers, or dizziness
Nausea or repeated vomiting	Unconsciousness (not responsive) or seizure
Blurry or double vision	Cannot remember what happened
Neck pain	Slurred speech
ringing in the ears	Condition worsens in any way

Remarks:

It is recommended that you call your health care provider for recommendations on evaluation of this injury based on the symptoms your child is having at school.

School Nurse

Phone