Head Bump Injury Report

Student Name: ____________________________ Date: __________

School: ____________________ Teacher/Grade: _______________________________

Where and How Injury Occurred: ________________________________________________________________
___________________________________________________________

Appearance of injury: __________________________________

<table>
<thead>
<tr>
<th>SIGNS OBSERVED AND SYMPTOMS REPORTED:</th>
<th>Time admitted to Health Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of consciousness (at time of injury)</td>
<td>Headache or pressure in head</td>
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<tr>
<td>Confused or disoriented</td>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>Blurred or double vision</td>
</tr>
<tr>
<td>Uncoordinated or more clumsy than usual</td>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Dizzy</td>
<td>Unable to recall events before injury</td>
</tr>
<tr>
<td>Does not “feel right”</td>
<td>Unable to recall events during or after injury</td>
</tr>
</tbody>
</table>

Other ___________________________________________________________________________________________

TREATMENT:___________________________________________________________

___ Ice
___ Observation
___ Bump washed and bandaged
___ Nurse Assessment
___ Wrist Band (Elementary students only)
___ Other _________________________________________

FOLLOWING TREATMENT:___________________________________________________________

___________ Time checked out of Health Room

Parent Notification:

___ spoke with parent
___ unable to contact parent
___ message left at _______________________(number)
___ 911 called

Student returned to class
Student sent home
Released to EMS
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:

1. **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.
2. **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.
3. **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)