

**Wenatchee School District #246**  
**Notification of Accidental Blow to Head**

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian:

Today, your child received an accidental blow to his/her head.

Nature of injury:

Treatment given:

All children who receive a bump on the head should be closely observed for at least 24 hours after the incident occurs. Many times symptoms from an injury to the head do not appear until hours or days after the injury. Due to the inconsistent nature of head injuries, all bumps, even what is seemingly a slight bump, should still be closely watched.

If your child receives a blow to his/her head, he/she should be observed for the following symptoms:

- Nausea or vomiting.
- Is your child extremely sleepy at a time when they should not be sleepy? Can your child be awakened from sleep?
- Mental confusion and disorientation. Can the child remember their name, address, age, etc.? Do they know where they are?
- Lack of movement. Is your child able to move their arms or legs properly?
- Unequal size or dilation of pupils of the eye.

**Should any of the above symptoms develop, you should consult with your physician immediately.**

PARENT NOTIFICATION	Date: _____	Time: _____
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Notification:  by report  by telephone: \_\_\_\_\_

Who was contacted? \_\_\_\_\_

Teacher Notified: \_\_\_\_\_

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

*Original for Student's file*

*Copy for Parent / Guardian*