



315 N French Ave  
Arlington, WA 98223  
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To complete this form electronically,  
it must be opened in Adobe Reader!

# HEAD INJURY NOTIFICATION

Dear Parent/Guardian:

Date:

(Student Name)

received an injury to his/her head today at   AM  PM

How injury occurred:

Location:  Class Playground  Gym Laboratory  Shop Off-Premises Other

We had him/her rest and we observed him/her for signs of brain concussion.

At this time there were:  No obvious signs of head injury  Signs of possible head injury\*

\*Comment:

\*Your child had:

Swelling at the site of injury  Headache

Other

Disposition:

Student felt well and returned to class/activities  Student sent home with parent Time Parent was called  Time Aid Unit was called

Comments:

Parent /Guardian  Phone  Cell Phone

Address

**In the event that your child experiences any of the symptoms below, please seek medical attention:**

- ~ Loss of consciousness
- ~ Weakness or paralysis of face or limbs
- ~ Blood or clear fluid draining from ears or nose
- ~ Convulsions
- ~ Eye changes: loss of vision, unequal pupils, double vision blurred vision
- ~ Rise in temperature
- ~ Nausea or vomiting
- ~ Dizziness or sleepiness
- ~ Paleness or flushing
- ~ Confusion or memory loss
- ~ Slowing of pulse
- ~ Stiffness of neck

Sincerely,

Name

Title

School

Phone Number