

**CONCUSSIONS AND HEAD INJURIES 3418P – EXHIBIT B  
STUDENT HEAD INJURY REPORT**

Student Demographics and Health History		
Date:	Time:	School Name
Student:	DOB:	Age:
Describe the incident:		

Nature of injury: (check or write in appropriate area of injury)					
Alert	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dizzy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oriented (person, place, time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Able to recall events prior to event	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bump/Lump	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loss of Consciousness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Break in Skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blurred Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shows behavioral/personality changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Appears Dazed/Stunned	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:					

Treatment given:					
Apply Ice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Apply pressure to control bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanse/bandage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Call 911	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:					

**Due to the nature of head injuries, children who had even what looks like a slight bump on the head should be watched closely for at least 24 hours after the injury. Many times, symptoms do not show for several hours or until the next day. How hard a student's head was hit does not always tell you if the student will or will not have a head injury.**

Please watch your child for the following symptoms:	
• Sleepy or cannot be awakened.	• A headache that gets worse and does not go away.
• Vision changes.	• Unusual behavior.
• Repeated vomiting or nausea.	• Increasing confusion, restlessness, or agitation.
• Slurred speech.	• Difficulty recognizing people or places.
• Convulsions or seizures	• Loss of consciousness
• Weakness, numbness, or decreased coordination.	

**If you see any of the above symptoms, you should talk to your doctor or an emergency room consulting nurse immediately.**

Student was sent to:  Class at \_\_\_\_\_ (time)     Home at \_\_\_\_\_ (time)     Medical Follow up Advised

<b>PARENT NOTIFICATION</b> <i>This form must be sent home with student on the same day as injury.</i>
Who was contacted: _____ Date: _____ Time: _____
Reporting Person: _____ Title: _____