Date: __________________________

Dear Parent/Guardian:
____________________________________ (student) received a blow to the head today.

Please watch for any of the following symptoms for 24–48 hours, and consult a physician or the emergency room if any symptoms appear.

• Unusual behavior such as being confused, breathing irregularly, dizziness, and agitation.
• Change in behavior.
• Severe headache.
• Nausea and/or vomiting.
• Double vision or blurred vision.
• Loss of muscle coordination such as falling down, walking strangely, staggering.
• Unusual sleepiness, drowsiness, or loss of consciousness.
• Bleeding or discharge from ears or nose.
• Convulsions/seizures.
• Unequal pupils

You do NOT need to keep your child awake. Checking periodically for arousability is fine, full awakening from sleep is not necessary. Tylenol (acetaminophen) may be given for headache. Avoid aspirin and ibuprofen as these have a blood thinning effect.

If you have questions please contact the Director of Nursing Services at 907-452-2000 x11253.

________________________________________  ______________________________
School Staff                     Phone