



BEEVILLE

INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

Parent Notification of Nurse Visit- Head Injury

Date: _____

Dear Parent/ Guardian,

Your child, _____, was seen in the nurse office today for a head injury.

You may want to notify your child’s physician of the incident to obtain any further instructions.

Please monitor your child for any of the following signs:

If you notice any of the following signs please call 911 or take your child to the nearest emergency room:

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously).

If your child’s condition worsens, seek emergency medical assistance or take to the nearest emergency room.

Thank you.

School Nurse- _____ Campus Phone Number: _____

(If checked, please sign below and return to school nurse)

Parent comments: _____

Parent Signature: _____ Date: _____

Student Name: _____ DOB: _____ Room: _____