



Poway Unified School District
15250 Avenue of Science, San Diego CA 92128

Health Services
Head Injury Observation

Student: _____

Date: _____

Dear Parent/Guardian:

Your child sustained an injury at school today. It is important to observe your child for the next 24 hours. If any of the symptoms listed below are present, contact your physician immediately for instruction. If concussion is diagnosed, continue to watch for symptoms and if they persist, seek further medical evaluation. Let the staff at school know your child is diagnosed with a concussion. **Please provide healthcare provider's written recommendations for returning to school.** If your student participates in an athletic program you will need to have a note from the doctor to clear their return to practice following a concussion.

HEAD INJURY

Contact your child's healthcare provider if your child is experiencing the following at home:	Call 9-1-1 if your child is experiencing the following at home:
Drowsiness - You should be able to easily wake your child	Twitching or convulsions
Severe headache or recurrent headaches	Weakness of the arms or legs, especially on one side of the body
Nausea and vomiting or loss of appetite	Slurred speech, slowed reaction time
Problems with balance, clumsiness or dizziness	Loss of consciousness
Sensitivity to noise or light	Difficulty recognizing people or places
Personality change	Repeated vomiting
Vision problems not previously observed (seeing double, blurred vision, etc.)	Increased confusion, restlessness or agitation
Irritability, anxiety or increase in emotional lability	One pupil is larger than the other one.
Difficulty with thinking, remembering or concentrating, possibly amnesia	

TO BE COMPLETED BY THE AUTHORIZED HEALTH CARE PROVIDER (*Licensed physician, certified Physician's assistant under the supervision of a licensed physician, or certified nurse practitioner*)

Provider's Name: _____ Signature: _____

Office Stamp/Phone

Student examined on _____ Date _____ Student may return to play on _____ Date _____

Concussion: yes no If not a concussion, Diagnosis: _____

Special Instructions/Limitations: _____

