



CENTRAL POINT SCHOOL DISTRICT #6

Head Injury Response

Student's name: _____ Grade: _____ Date/Time of Injury: _____

Name of parent/guardian contacted: _____

Other than a minor head injury, were any of the following warning signs of concussion seen?

- Loss of consciousness (even a short time)
- Repeated vomiting or nausea
- Feeling tired or slow, difficulty thinking, concentrating, remembering
- Headache that gets worse and does not go away
- Increasing confusion or agitation, unusual behavior
- Blurry vision, sensitive to light or noise
- Seizures, slurred speech
- Bleeding from the ear
- Other:

If the student does NOT exhibit ANY indication of concussion, please send them back to class along with this form and an injury reminder sticker.

The student's teacher will verify this form goes home with the student.

PARENT OR GUARDIAN:

Your child may have a head injury, which can be serious.

Please monitor your child and contact your doctor or emergency services if you notice any of the above warning signs and symptoms.

For more information on head injuries, go to www.cdc.gov/HEADSUP

cbirt.org