

FIRST AID FOLLOW-UP INSTRUCTIONS

To the parent/guardian of _____ School: _____
Phone: _____

Your child received first aid on _____ at _____ am/pm for _____

HEAD INJURY (To be sent in the event of minor/major head injuries) Returned to Class Released to Parent

After receiving a head bump, your child rested in the Health Office with an ice pack on the injured area. No unusual symptoms were noted at this time. Please observe your child frequently for the next 24 hours. Contact your doctor immediately or call 911 if any of the following conditions appear:

- | | |
|---|---|
| * Persistent or increasingly severe headache | * Weakness or limbs, loss of coordination, or dizziness |
| * Nausea and/or vomiting | * Blurred vision and/or unequal pupils |
| * Unusual drowsiness or loss of Consciousness | * Confusion, delirium, restlessness, or irregular breathing |
| * Convulsions | * Disturbance of speech |
| * Drainage of blood or fluid from ear, Nose, or mouth | * Any other behavior or symptom unusual for your child |

***Please be aware that problems from head injuries may appear up to 6 weeks after injury.**

Time of Injury: _____ **Name of Parent/Guardian Notified:** _____

Time Notified: _____

INSECT STING (To be sent in the event of bee/wasp stings)

After receiving an insect sting at school, your child was given appropriate first aid. Please contact your doctor immediately or call 911 if any of the following symptoms appear:

- | | |
|--------------------------------|------------------------|
| * Breathing difficulty | * Itching, hives, rash |
| * Swelling of face and/or lips | * Wheezing |

TETANUS

After receiving a wound at school, your child was given appropriate first aid. Within the next 24 hours, consult your doctor as to whether or not an injection for protection against lockjaw (tetanus) is needed. The advice of your physician is important because this disease can result from even small injuries. The last tetanus immunization your child had, according to school records, was given _____.

REMINDER NOTICE

This memo is sent home as a reminder of the phone call/machine message regarding first aid given at school.

PARENT NOTIFICATION

Attempts were made to reach you by phone and to contact other persons on your child's emergency card. Because there was no answer, this notice is being sent home for your information.

WOUND CARE:

Please check your child's wound for any signs/symptoms of any infection, i.e. redness, swelling, drainage.

OTHER: _____