



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

NOTICE OF HEAD INJURY

INSTRUCTIONS: This form should be accompanied by a telephone call to parents.

Date: _____ Student Name: _____ Grade: _____

Time of injury: _____ Name of Parent/Guardian Notified: _____

Time Notified: _____

Today, your child received first aid in the health office for a possible head injury. Please watch for any of the following symptoms for 24 - 48 hours:

1. Severe headache
2. Excessive drowsiness (awake the child at least twice during the night)
3. Nausea and/or vomiting
4. Double vision, blurred vision or pupils of different sizes
5. Loss of muscle coordination, such falling down, walking strangely or staggering
6. Any unusual behavior, such as being confused, breathing irregularly, dizziness or restlessness
7. Convulsions
8. Bleeding or discharge from an ear, nose or mouth
9. Memory loss

Contact your family doctor or emergency room if you notice any of the above symptoms.

School Nurse/Health Asst./Office Staff

Telephone Number

Disposition: Returned to class Released to

Parent/Guardian: _____
(Signature)

C: Copy to health folder