## Head Injury Notification Weber School District

Date:	Time student reported to the office:	am/pm
Dear Parent:		
	, reported a b (name)(on the following and e, you should watch for any of the following and	occur several hours or days after
<ul> <li>Repeated v</li> <li>Double vis</li> <li>Weakness,</li> <li>Any unusu</li> <li>Cannot rec</li> <li>Convulsion</li> <li>Bleeding of congestion</li> </ul>	e that gets worse and does not go away.  romiting or nausea ion, blurred vision, or pupils of eyes appear to be numbness, or decreased coordination al behavior, slurred speech, confusion, restless, o ognize people or places n or seizures r clear discharge from an ear or nose with no pri- or drainage. nsciousness (even a brief loss of consciousness si	or agitated.  or symptoms of
•	l shows any of the signs listed a espital emergency room immed	•
activities that take a that stimulate the	that your child rest quietly the rest of the day. The lot of concentration. It is highly recommended brain such as video games, TV, or music. Checo awaken him/her once they are sleeping.	d that your child avoid activities
Parent notified by:	telephonevoicemailtext	e-mailother
Comments:		
	(teacher) a	
School:	Phone:	
School staff signatu	ıre:	