

Date _____

Dear Parent or Guardian,

_____ hit his/her head while at school today. We provided first aid and did NOT notice any unusual symptoms. However, we would like you to observe for the following symptoms and let your doctor or clinic know if these symptoms of a head injury develop:

- *Severe headache
- *Extremely drowsy or hard to awaken
- *Nausea or vomiting
- *Problems with balance
- *Changes in vision such as blurred vision, double vision or sensitivity to light
- *Behavior change such as confusion or irritability
- *Forgetting things
- *Bleeding or clear fluid from the nose or ears
- *Seizures: eyes fluttering, body stiffness, staring spells

If you need further information, please call the school nurse at 715-537-5641 Ext. # 530

Thank you for your attention and follow-up.

Doug Schoenke, RN
Barron Area Schools