Head Injury Procedure

(Catholic Mutual Insurance Company)

- 1. With head injuries the parent / guardian needs to be contacted immediately to determine if they concur or disagree with school's assessment. If parent/guardian cannot be reached and injuries do not appear to be severe, student should be sent home with a Head Injury Notification.
- 2. If school believes injury requires urgent medical care, contact 911.

restrictions should be presented to the school as soon as possible, in writing.

3. If it is known that the student had any kind of medical assessment or treatment following a head injury, the parent/guardian should tell School if the treating physician(s) have placed any restrictions on the child. (Indoor recess only, no gym, no specific after school sports, etc.) If the parent says "No restrictions." They should complete the Release Statement.

HEAD INJURY NOTIFICATION

This is to	inform you that(student) was sent to the Health Room today
	(date) at am/pm with the following injury:
Parent c	ontact: [] yes [] no Result:
	Person Reporting
Instruction	ons for head injuries:
Although	no evidence of serious injury was found at this time, it is necessary for you to contact your doctor if
any of th	e following conditions occur up to 72 hours after injury:
1.	loss of consciousness
2.	increasing drowsiness or difficulty in rousing student
3.	persistent or increasingly severe headache
4.	any vomiting
5.	stiffness of neck
6.	drainage of blood or clear liquid from nose or ear
7.	weakness of limbs or stumbling
8.	seizure activity (uncontrollable twitching)
9.	double vision, one pupil larger than the other and/or inability to move eyes all directions
10.	any bizarre or unexpected behavior
11.	memory loss or forgetfulness.
	RELEASE STATEMENT
On	(date), St. Anthony on the Lake School was advised of a head injury for
	(student). (parent/guardian)
	sed the School that Student has been medically cleared to return to school without restrictions. If
Parent/C	Guardian is made aware of physician-advised restrictions regarding physical activity for Student, these

(Parent / Guardian Signature)