

Mount Horeb School District
Head Injury Form

Student Name: _____ Date: _____

Description of head injury:

Student's symptom(s) include: _____

Today we notified you that your student had an injury to the head. Please be alert to the following signs/symptoms of a concussion today and up to a few days after the injury.

Signs/Symptoms of a concussion include:

- Headache, or pressure in the head
- Ringing in the ears
- Unable to recall prior to, or after the hit or fall
- Appears dazed or stunned
- Forgets an instruction(s), confusion
- Slow to answer questions
- Loses consciousness, even briefly
- Mood, behavior or personality changes
- Nausea or vomiting
- Balance problems, dizziness or double/blurred vision
- Sensitivity to light or noise
- Not feeling right, or feeling down

If you have any questions or concerns regarding your student please contact their primary care provider. If your student is diagnosed with a concussion and their health care provider has recommendations for accommodations at school, please share that information in writing to the school. If you have questions or concerns please contact:

Christy Staats, RN 437-7543 staatschristy@mhasd.k12.wi.us

CJ Goodwin, RN 437-7266 goodwincheyenne@mhasd.k12.wi.us

Additional information on head injuries can be found at www.cdc.gov/Concussion