



**North Fond du Lac SCHOOL DISTRICT**  
**School Health Programs**

225 McKinley Street, North Fond du Lac, WI 54937  
 Phone: 920-929-3757 FAX 920-929-7020

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Dear Parent / Guardian,

Today your son / daughter suffered a head injury when he / she \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

If you notice that your son / daughter experience constant symptoms or symptoms that are getting worse (please refer to list below), should contact your child's doctor.

**School Staff, Please circle any sign / symptoms that the child is experiencing, make a copy, and send home with the student. The copy should be left for the school nurse to review / follow up.**

**SIGNS AND SYMPTOMS Concussion**

<b>SIGNS OBSERVED BY PARENT OR GUARDIAN</b>	<b>SYMPTOMS REPORT BY CHILD</b>	
<ul style="list-style-type: none"> <li>• appears dazed or "shock"</li> <li>• This confused events</li> <li>• Answers questions slowly</li> <li>• Repeat questions</li> <li>• can not recall events <i>prior</i> to hit or fall</li> <li>• Can not recall events <i>after</i> hit or fall</li> <li>• Lose knowledge (even for a while)</li> <li>• shows changes in personality and behavior</li> <li>• Forget the class schedule or task</li> </ul>	<p><b>thought / recollection:</b></p> <ul style="list-style-type: none"> <li>* Difficulty in thinking clearly</li> <li>* Difficulty concentrating and remembering</li> <li>* Feeling slower</li> <li>* Feeling dizzy, slow, or confused.</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Headache or "pressure" on the head</li> <li>* Nausea or vomiting</li> <li>* balance problems or dizziness</li> <li>* Fatigue or tiredness</li> <li>* Blurred vision or double vision</li> <li>* Sensitivity to light or noise</li> <li>* Numbness or tingling</li> <li>* Feeling "not feeling well"</li> </ul>	<p><b>Emotional:</b></p> <ul style="list-style-type: none"> <li>* Irritable</li> <li>* Emotional (more normal)</li> <li>* Nervous</li> </ul> <p><b>Sleep:</b></p> <ul style="list-style-type: none"> <li>* Drowsy</li> <li>* Sleeping <i>less</i> than normal</li> <li>* Sleeping <i>more than</i> normal</li> <li>* Trouble sleeping</li> </ul> <p><i>*just ask about sleep if injury occurred the day before.</i></p>

Time / Date when call was made to parents: \_\_\_\_\_

Time / Date the student was sent home (if applicable): \_\_\_\_\_

If you have questions, please contact your child's school and ask for the nurse.

Bridgett Amadon, BSN, RN Nurse  
 Julie Shafer, LPN Nurse