Park City School District
Head Injury Report

Name: ________________________________ DOB: _________ Date: ___________ Time:_________

☐ Ice pack applied/wound care to area ☐ Student remained sitting upright

Student reports: "____

____"

☐ Fall/Slip
☐ Hit by _________ ball
☐ Hit head on bars/equipment/ground
☐ Hit head on/by another student
☐ Hit head on desk/table

☐ Hallway
☐ During recess
☐ During P.E. class
☐ In the classroom
☐ Other ___________________

Oriented to:	☐**Person** ("What's your name?" "What is your teacher's name?")	☐**Place** ("Where are you?")	☐**Time** ("What day/ date/ time is it?")
Symptoms:	Yes No ☐☐**Headache** ("How does your head feel?" "Do you have a headache?")	Yes No ☐☐**Nausea** ("How does your stomach feel?" "Do you feel sick?")	Yes No ☐☐**Dizziness** ("When you were walking here how did you feel?")
	Yes No **Vision** ☐☐Complains of blurry vision ☐☐Pupils equal	Describe visible bumps or wounds: ______________ ______________________________________	
Other:	Yes No **Nurse** ☐☐Seen by Nurse	Notes: ______________________________ ______________________________________	

☐ Parent ______________ notified @ _____ ☐ Student to go home with parent / emergency contact Arrival time _________ ☐ Parent requests student to return to class	OR	☐ Unable to contact parent ☐ Student was observed for 30 minutes in the front office, was alert and oriented to person, place, and time. No complaints of pain or dizziness, the student was sent back to class
☐ Head Injury Letter emailed to parent OR handed to parent	OR	☐ no email available, parent did not come, gave to student to put in backpack and take home

Front Office will Call 911 if student exhibits the following symptoms:

- Complains of a headache that drastically increases in severity
- Does not seem to respond or does not act as he or she usually does
- Complains of a strange tastes in mouth or fluid or blood continually drains from ears or nose
- Nausea/Vomiting
- Difficulty seeing, sees double, unusual movements of the eyes or unequal pupils
- Is dizzy and has difficulty walking
- Complains of weakness or is unable to move one or both of his/her arms or legs
- Has twitching movements of the body or convulsions
- Becomes very sleepy and cannot easily be awakened

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School Official