

**PARENT NOTIFICATION OF INJURY TO HEAD OR FACE**  
Health Services Department  
Lincoln Public Schools

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Parent/Guardian:

Your student was seen in the health office today for an injury to the head or face.

**Injury Reported:**

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We are concerned about head injuries because at times symptoms may be subtle or slow to appear.

We want you to be aware that any of the following signs and symptoms occurring over the next few days may signal that your student is in need of **MEDICAL ATTENTION**:

- Persistent or worsening headache
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light or blurry/double vision
- Sensitivity to noise
- Feeling in a “fog” or difficulty concentrating/remembering
- Unusually tired or drowsy
- Trouble falling asleep
- Feeling more emotional such as irritability, sadness or nervousness
- Mental status abnormalities or any confusion or disorientation
- A repeated blow to the head within 1-10 days of the initial head injury
- Other concerns you may observe that are abnormal for your student

Please contact the school health office if you have any questions or concerns.

Health Office Staff Member: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_