

**SYRACUSE CITY SCHOOL DISTRICT
Syracuse, New York**

HEAD INJURY PRECAUTIONS

Dear _____, (Parent/Guardian)

Your child _____, hit his/her head at school today at
_____ a.m. _____ p.m. while _____.

Although there is no evidence of serious injury initially, a change in the signs or symptoms in the next 24 hours or so could indicate serious head injury.

Please observe your child closely for such signs as nausea or vomiting (getting sick to the stomach), bleeding from the nose or ears, dizziness, blurry vision, acting confused or strangely, or being sleepy.

If any of these things are noted, the child should be seen by a doctor or taken to an Emergency Room immediately.

If you have any questions, please call me at _____.

Sincerely,

School Nurse