DATE: __________

Dear Parent/Guardian:

Today _______________________________ received a bump on his/her head today ______ (time). Your child seems fine now, but any child who receives even a minor bump should be observed for **48 hours**. Look especially for the following symptoms:

1. Severe headache
2. Nausea and/or vomiting
3. Double vision, blurred vision, or pupils of different sizes
4. Loss of muscle coordination, such as falling down, walking strangely, or staggering
5. Any unusual behavior such as being confused, breathing irregularly, or dizziness
6. Convulsion
7. Bleeding or discharge from an ear

Contact your physician if you notice any of the above symptoms.

___________________________
School Representative

___________________________
Position