Northshore Health Services
3423-F
3410-F

Head Bump Report

Name: ________ Grade: ________ Pupil #: ________
Date: ________ Time of Injury: ________ Teacher/Coach: ________

Description of Incident/Treatment:

Assessment/Symptoms:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Thinking/Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Headache</td>
<td>□ Alert / Responds appropriately</td>
</tr>
<tr>
<td>□ Nausea/vomiting</td>
<td>□ Problems concentrating</td>
</tr>
<tr>
<td>□ Visual problems (double or blurry)</td>
<td>□ Problems remembering</td>
</tr>
<tr>
<td>□ Balance problems</td>
<td></td>
</tr>
<tr>
<td>□ Dizziness</td>
<td></td>
</tr>
<tr>
<td>□ Drowsiness</td>
<td></td>
</tr>
<tr>
<td>□ Bruising/lump</td>
<td></td>
</tr>
<tr>
<td>□ Pain</td>
<td></td>
</tr>
<tr>
<td>□ Other ________</td>
<td></td>
</tr>
</tbody>
</table>

Serious -- (CALL 911)

□ Loss of consciousness □ Convulsions □ Neck pain/ Weakness or paralysis of limbs

Disposition

□ Student returned to class/practice/game
□ Parent/Guardian called ________
□ Student sent home with ________
□ 911 called

Due to the inconsistent nature of head injuries, those who have received even what is seemingly a slight bump on the head should be observed for 24-48 hours after the incident occurs to monitor for delayed symptoms. A second blow to the head before complete recovery from a previous concussion could result in a serious injury and needs to be evaluated by a health care provider as soon as possible.

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following:

- Headaches that worsen
- Look very drowsy, can’t be awakened
- Can’t recognize people or places
- Repeated vomiting
- Increasing confusion
- Increasing irritability
- Neck pain
- Slurred speech

Students/athletes who receive a medical exam for head injuries will be allowed to return to play or practice ONLY with a written Health Care Provider’s release. A second blow to the head before complete recovery from a previous concussion could result in a serious injury and needs to be evaluated by a health care provider as soon as possible.

Nurse: ________ Phone#: 425 408-_______
OR
Other School Staff: ________ Phone#: 425 408-_______

CC: Parent/Health File
520 Rev. 7/07/15 ST(KG) FCvl 12/01/08