Communication Form: Injury Involving Any Part of the Student’s Head

*This communication is sent home regardless of how minor the incident is perceived to be as Cook County Schools takes all incidents involving the head seriously*

Greetings,

Your student ___________________________ had an incident today that resulted in an injury to the head. This may or may not have resulted in a concussion. Regardless, it is best practice to follow the Heads Up Concussion protocol, and treat it as a concussion for utmost safety of the student, as directed by the Center for Disease Control.

**Incident Details (Time and Place) and Injury Description:**

Symptoms Reported by child:______________________________________________________

Were these symptoms resolved when the student was released from school care:     Yes     or     No

**First Aid Provided:**  _____ Rest  _____ Ice  

_____ Heads Up Concussion Assessment Checklist Followed  

Note:___________________________

**Action and Communication as a Result:**

Teacher Notified:  Yes  or  No  Follow Up:__________________________

Principal Notified:  Yes  or  No  Reason:__________________________

Parent Notified:  Yes  or  No  Who:__________________________

Nurse Notified:  Yes  or  No  Follow Up:__________________________

Other notes:

Person Caring for Student:

**** attached, Concussion Fact Sheet for Parents, CDC HEADS Up