



Cook County Schools Health Office
 Alexandria Ermatinger, Registered Nurse
 Phone 218.387.2271 ext. 116



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? (circle) **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