



School District 4J
Eugene Public Schools
200 North Monroe Street
Eugene, OR 97402-4295

NOTE TO PARENTS

Date & Time: _____

Completed by: _____

Your child, _____, experienced an injury to his/her head today at school. You were contacted by phone regarding this incident. Below are symptoms observed by staff or reported by your child.

Signs Observed:

- ☐ appeared to be dazed or stunned
- ☐ seemed confused
- ☐ forgot instructions
- ☐ moves clumsily
- ☐ exhibited balance problems
- ☐ answered questions slowly
- ☐ showed behavior or personality changes
- ☐ forgot events prior to hit
- ☐ forgot events after injury

Symptoms Reported by Student:

- ☐ headache or pressure in head
- ☐ foggy or hazy feeling
- ☐ nausea or vomiting
- ☐ double vision, blurry vision
- ☐ sensitivity to light or noise
- ☐ feeling sluggish or fatigued or
- ☐ problems concentrating
- ☐ problems remembering
- ☐ just not feeling right
- ☐ balance problems or dizziness
- ☐ numbness or tingling

Head injuries may cause brain injuries and can be serious. We respect and value the safety of our students. As parent/legal guardian of _____ (Student name) it is important that you understand what the School District employees observed above so that you can make your own determination if further medical attention is necessary.

Please let us know immediately if you require further information.

A copy of this note has been provided to your child's teacher.