Suspected Head Injury Assessment Form

**Directions: This form is to be completed if a student is reported to have a potential head injury (whether sustained at school or outside of school) and no documentation is provided indicating he/she has been evaluated for potential immediate care needs (see the Protocol for Suspected Head Injuries).**

# Student Information:

Student’s Name: Enter Student’s Full Name. Student’s Grade: Choose Grade Level.

Date Injury Occurred: Click here to select a date. Time Injury Occurred: Enter Time

Description of injury (Include information about any loss of consciousness and duration, memory loss, seizures following injury, prior concussions if any):

Enter full description of injury.

# Head Injury Danger Signs Checklist:

**Directions:** Observe and interview the student, and place a check next to all symptoms that apply. The student should be seen immediately by emergency medical providers and the parent/guardian contacted if one or more of the following symptoms apply:

[ ]  One pupil (the black part in the middle of the eye) larger than the other

[ ]  Drowsiness or cannot be awakened

[ ]  A headache that gets worse and does not go away

[ ]  Weakness, numbness, or decreased coordination

[ ]  Repeated vomiting or nausea

[ ]  Slurred speech

[ ]  Convulsions or seizures

[ ]  Difficulty recognizing people or places

[ ]  Increasing confusion, restlessness, or agitation

[ ]  Unusual behavior

[ ]  Loss of consciousness (even a brief loss of consciousness should be taken seriously)

**\*If none of the above listed Danger Signs are present, complete the Concussion Signs and Symptoms Checklist\***

**Resolution of Injury and Disposition of Student (Check all that apply):**

[ ]  Student departure for emergency medical care: Time Enter time.

[ ]  Student returned to class: Time Enter time.

[ ]  Student sent home: Time Enter time.

[ ]  Student referred to health care professional with experience in evaluating for concussion.

[ ]  Parent/Guardian contacted: Time Enter time.

[ ]  Notified appropriate school personnel:

 [ ]  Building administrator: Enter name and title.

 [ ]  Coach, Trainer, or Athletic Director: Enter name and title.

 [ ]  Teacher(s): Enter name of all that apply.

 [ ]  Other: Enter name and title.

[ ]  Notes: Enter additional notes.

**\*Parent/Guardian, it is advisable to continue to monitor the student referencing the symptoms listed on the Concussion Signs and Symptoms Checklist and seek medical attention if signs or symptoms present.**