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.**