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## Head Injury Information Sheet

Your son/daughter \_\_\_\_\_ has symptoms consistent with a concussion. At the time of the evaluation, there was no sign of any serious complications.

- Your child will need monitoring for a further period by a responsible adult, and should not be left alone over the next 12-24 hours.
- In some instances, the signs and symptoms of a concussion do not become obvious until hours or days after the injury. Please be observant for the following symptoms:

Call 911 and go to the nearest Hospital Emergency Department for the following:	
<input type="checkbox"/> Headache that worsens	<input type="checkbox"/> Can't recognize people or places
<input type="checkbox"/> Seizure (uncontrolled jerking of arms/legs)	<input type="checkbox"/> Looks very drowsy/Can't be awakened
<input type="checkbox"/> Weakness or numbness of arms/legs	<input type="checkbox"/> Increased confusion and/or irritability
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Unusual behavior
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> Lack of balance/unsteadiness on feet	<input type="checkbox"/> Drainage of blood/fluid from ears or nose
<input type="checkbox"/> Changes in vision (double, blurry vision)	<input type="checkbox"/> Loss of bowel and/or bladder control

### ***Recommendations:***

- Make an appointment to see a physician within 72 hours or less and inform your child's school administration of the injury so potential accommodations can be made. Keep your child out of school if symptoms are severe or worsened by reading or studying.
- **AVOID** medications like ibuprofen (Motrin, Advil), naproxen (Aleve), or aspirin until seen by a physician due to the potential of increased bleeding risk in the brain.
- Acetaminophen (Tylenol) can be tried but often won't take away a concussion headache. DO NOT give a narcotic pain medication like codeine.
- NO activities like after-school sports and PE, and no physical exertion until your child is evaluated and cleared by a physician (MD/DO) trained in the diagnosis and management of concussions.
- Please follow up in the Athletic Training Facility on \_\_\_\_\_ (date)
- Please return the concussion packet of forms when returning to school.

I understand and agree to the care instructions I have been given:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations provided to: \_\_\_\_\_

Recommendations provided by: \_\_\_\_\_