PSD Head Injury Notification – School Communication

(This form is utilized to inform and communicate with home, school, and activity sponsors about a recent head injury and student limitations and considerations)

Student Name _____________________________   Grade _____________ School _________________

Notice from: ______________________________________________________________________

TO: ___ Teachers ___________________  ____      Parent/Guardian__________
    ___ Counselor                  ____ Brain Injury Team
    ___ School Nurse and Health Office   ____ Administration
    ____ Coach/Athletic Staff

• Please email the form to staff listed above.
• Please notify health office of any additional information you may have.

Injury history:

Evaluated by Physician/Medical Provider: _Yes/No_, if yes- who and when:_________________

Is there a Health Care Action Plan or 504 Plan for this injury?___________________

Limitations:

Symptoms to watch for:

Instructions for Return to School/ Activity:

Parent/Guardian Contact info:

Health Services Department 1/2015