



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: