

## Head Injury Referral Form

This student has received an injury to the head. Your treating physician will provide guidance as to a possible care plan. The student will need monitoring for a further time period by a responsible adult. If you notice any of the signs listed below, please telephone your physician or the nearest hospital emergency department immediately.

**Student:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Injury Date/Time:** \_\_\_\_\_ **Evaluation Date/Time:** \_\_\_\_\_

**Activity during Injury:** \_\_\_\_\_

**Description of Injury:** \_\_\_\_\_

**Initials: Athletic Director:** \_\_\_\_\_ **School Administrator:** \_\_\_\_\_ **School Nurse:** \_\_\_\_\_

**Check here if student was diagnosed with concussion**

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Problems could arise over the first 24-48 hours. The student should not be left alone and should go to a hospital at once if the following occurs:

**Signs to watch for:**

- Has a headache that gets worse
- Is very drowsy or can't be awakened (woken up)
- Doesn't recognize people or places
- Repeated vomiting
- Behaves unusually or seems confused; irritable
- Has seizures (arms and legs jerk uncontrollably)
- Has weak or numb arms or legs
- Unsteady on feet; slurred speech

**Other important points:**

- Do **NOT** use aspirin or anti-inflammatory medication
- Rest and avoid strenuous cognitive and physical activity for at least 24 hours
- Do **NOT** train or play sport until medically cleared
- Report any symptoms to your treating physician

**Return to Activity:**

Athletes will not be returned to play the same day of injury. Medical clearance must be given before return to play. A stepwise symptom-limited program will be followed (Return to Learn/Activity) *Code of Virginia §22.1-271.5*

**Top Copy: Student/Parent**

**Bottom Copy: School**