

ST. FRANCIS HIGH SCHOOL ATHLETICS  
Head Injury Home Instructions

Athlete: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Sport: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Your son/daughter has sustained a head injury while participating in \_\_\_\_\_.  
In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs and symptoms.

1. Headache (especially one that increases in intensity\*)
2. Nausea and vomiting\*
3. Difference in pupil size from right to left eye, dilated pupils\*
4. Mental confusion/behavior changes
5. Dizziness
6. Memory loss
7. Ringing in the ears
8. Changes in gait or balance
9. Blurry or double vision\*
10. Slurred speech\*
11. Noticeable changes in level of consciousness (difficulty awakening, or losing consciousness suddenly\*)
12. Seizure activity\*
13. Decreased or irregular pulse OR respiration\*

**\*Seek medical attention at the nearest emergency department**

The best guideline is to note symptoms that worsen, and behaviors that represent a change in your son/daughter. If you have any questions or concerns about the symptoms you are observing, contact your family physician for instructions or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below:

It is OK to:	There is NO need to:	Do NOT:
<ul style="list-style-type: none"> <li>• Give acetaminophen (Tylenol) for headaches</li> <li>• Use ice pack on head &amp; neck as needed for comfort</li> <li>• Eat a light diet</li> <li>• Go to sleep</li> <li>• Rest (no strenuous activity or sports)</li> </ul>	<ul style="list-style-type: none"> <li>• Check eyes with a flashlight</li> <li>• Wake up every hour</li> <li>• Test reflexes</li> <li>• Stay in bed</li> </ul>	<ul style="list-style-type: none"> <li>• Drive while symptomatic</li> <li>• Exercise or lift weights</li> <li>• Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medication</li> </ul>

**Please remind you child to check in with the School Nurse prior to going to class, on the first day he or she returns to school. Your child should also follow up with the Athletic Trainer after school.**

Recommendations provided to: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Recommendations provided by: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_