



Prairie Rose School Division

Advisory Notice of Head Injury

To: _____

On _____ at _____, your child experienced a head injury. This notice is to inform you of the injury and advise seeking a medical assessment. It is further advised that your child remain at rest until a medical assessment can be made.

OR

We understand that your child experienced a head injury that may be impacting their activity at school. Your child may be experiencing some or all of the following symptoms:

- Blurred vision
- Concentration or memory problems
- Confusion
- Dizziness
- Feeling sluggish, hazy or groggy
- Headache
- Loss of concentration
- Nausea/vomiting
- Sensitivity to light or noise
- Slowed reaction time

This notice is to request that you consult with a medical practitioner. When a medical practitioner has determined the extent of the injury, please have them complete and sign the attached form and return it to the school.

Sincerely,