

WORCESTER PUBLIC SCHOOLS

DEPARTMENT OF NURSING

Report of Head Injury

Injury occurred during: School hours School-sponsored athletic activity At home

(Please check one)

Date and Time of Injury: _____ Activity or Sport: _____

School: _____ Place where injury occurred: _____

Student's Name: _____ DOB/Age: _____ Grade: _____

Describe how injury occurred:

Student Symptoms: (Check any that apply)

Unconscious <input type="checkbox"/>	How long: _____	Headache <input type="checkbox"/>	Drowsy <input type="checkbox"/>
Seizure <input type="checkbox"/>	How long: _____	Vomiting <input type="checkbox"/>	Nausea <input type="checkbox"/>
Neck pain <input type="checkbox"/>	Weakness <input type="checkbox"/>	Slurred speech <input type="checkbox"/>	Slow to get up <input type="checkbox"/>
Blurry Vision <input type="checkbox"/>	Numbness <input type="checkbox"/>	Balance problems <input type="checkbox"/>	Difficulty remembering <input type="checkbox"/>
Tingling <input type="checkbox"/>	More emotional <input type="checkbox"/>	Fatigue <input type="checkbox"/>	Behavior change <input type="checkbox"/>

Student removed from play: Yes No

Required assist to get up and off area: Yes No

Medical care provided on site: Yes No By whom: _____

Describe:

911 called or ambulance on duty used to transport to ER: Yes No

Accompanied in ambulance by whom: _____

Student released to parent who will transport to medical evaluation: Yes No

WPS Sports-Related Head Injury Medical Clearance and Authorization Form provided to parent/guardian:

Yes No

Time student left site: _____ (AM or PM) With Whom: _____

All sports and extra-curricular staff must:

1. CALL 508-799-8554 to report this injury on the day it occurs and

2. FAX this report to 508-799-1527 on the next school day

[If this injury occurs during school hours, please give this report to the school nurse]

Staff person completing this report: _____

Title: _____ Phone: _____