

LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division

CAUTIONS REGARDING HEAD INJURY

_____ Date _____
School

To the Parents or Guardian of _____
Student name Birth date Grade/Room/Trk

Head injuries occasionally cause trouble many hours or days later. If you are worried about your child's condition, or if any of the following symptoms occur, you should call your health care provider or take your child directly to an emergency hospital.

1. If headache develops, continues, or becomes severe.
2. If vomiting occurs, or if child complains of dizziness.
3. If sleepiness or drowsiness develops at a time other than normal for sleep. During the usual hours of sleep, the child should be checked frequently for restlessness, unusual sleeping position, change in breathing pattern, or mental confusion when awakened.
4. If blood or other fluid drains from ears or nose.
5. If a seizure or convulsion occurs.
6. If unusual or abnormal behavior or eye movements occur.

Signature of person conferring with parent,

(This form is to be used only by Administrator or School Nurse)

Principal or Designee

洛杉磯聯合校區
醫療服務部門

有關頭部受傷的注意事項

_____ 日期 _____
學校

致：學生的家長或監護人 _____
學生姓名 出生日期 年級/教室/班別

頭部受傷有時會在數小時或數天後才出現問題。如果您擔心孩子的狀況，或如果出現以下任何症狀，請立即聯絡您的醫療保健提供者，或直接帶孩子前往急診醫院。

1. 如果出現頭痛、頭痛持續不退或變得嚴重。
2. 如果出現嘔吐，或孩子抱怨頭暈。
3. 如果在非正常睡眠時間出現嗜睡或昏昏欲睡的情況。在孩子平常睡覺的時間，應經常檢查孩子是否有躁動不安、睡姿異常、呼吸模式改變，或叫醒時出現意識混亂等情形。
4. 如果有血液或其他液體從耳朵或鼻子流出。
5. 如果發生癲癇或抽搐。
6. 如果出現異常或不尋常的行為或眼球運動。

與家長討論者簽名：

(This form is to be used only by Administrator or School Nurse)

校長或指定代理人簽名

.....TEAR OFF AND RETURN TO SCHOOL WITH REPLY.....
請沿虛線撕下並交回學校回覆

To the Principal/Designee (致校長/指定代理人)：
I have received the "Cautions Regarding Head Injury."
本人已收到「有關頭部受傷的注意事項」。

Student's name (學生姓名)

Parent or Guardian's Signature 家長或監護人簽名
Date (日期)
Room (教室)