



COOK COUNTY SCHOOLS
INDEPENDENT SCHOOL DISTRICT 166



Communication Form: Injury Involving any Part of the Student's Head

This communication is sent home regardless of how minor the incident is perceived to be as Cook County Schools takes all incidents involving the head seriously

Greetings,

Your student _____ had an incident today that resulted in an injury to the head. This may or may not have resulted in a concussion. Regardless, it is best practice to follow the Heads Up Concussion protocol, and treat it as a concussion for utmost safety of the student, as directed by the Center for Disease Control.

Incident Details:

Time and Place of Incident:

Injury Description:

Symptoms Reported by Child:

Were these symptoms resolved when the student was released from school care? ☐ Yes ☐ No

First Aid Provided:

☐ Rest ☐ Ice ☐ Heads UP Concussion Assessment Checklist Followed

Notes:

Success for Each, Respect for All

101 West 5th Street, Grand Marais, MN 55604

Phone: (218) 387-2271

www.cookcountyschool.org

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|--|------------|
| Action and Communication as a Result: | |
| Teacher Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No | Follow up: |
| Principal Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason: |
| Parent Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No | Who: |
| Nurse Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No | Follow UP: |
| Other Notes: | |
| Person Caring for Student: | |

****attached, Concussion Fact Sheet for Parents, CDC HEADS Up