

Appendix A

Sample Letters to Staff and Parents

Provide general information to staff and parents. This notice can be modified and distributed in newsletters, social media pages, and other building-level communication.

Dear <<insert school name>> staff and parents:

Our school is committed to the health and well-being of our student community. We are implementing a Return to Learn/Concussion Team Model to help students who have sustained concussions safely return to school. Team members include <<insert concussion team members>>.

If you learn of a student who has a concussion, please contact <<insert concussion team leader's name>> immediately. The team can then develop a plan of academic adjustments that can help the student when he or she returns to school.

Any questions about these procedures can be directed to <<insert concussion team leader's name>> at <<insert contact information>>. Thank you for your support of our students.

This form informs parents of a possible head injury sustained at school, and provides general information to parents.

Dear Parent/Guardian:

You are receiving this form because your student may have experienced a head injury at school today. Though most severe head injuries can be identified at the time of the injury, signs and symptoms of a more severe head injury, or concussion, may not develop until as long as 48 hours after the injury.

It is important that a student who has experienced a head injury, even a minor head injury, be observed closely.

If your child is confused, has unusual behavior or responsiveness, loss of consciousness, or if there is concern about serious neck and spine injury, they should be referred at once for emergency care.

Possible signs and symptoms of concussion to watch for over the next 48 hours include:

- Drowsiness and cannot be awakened
- Weakness, numbness, or decreased coordination
- Headache that gets rapidly worse
- Loss of consciousness
- Difficulty breathing
- Repeated nausea or vomiting
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior

You can check on your child during the night; however, it is not necessary to keep them awake.

If your child is complaining of mild pain (head ache, sore at place of injury) you may give them the recommended dosage of acetaminophen (Tylenol). It is recommended that you consult a health care provider first.

If your child requires medical care due to this injury, please provide the school with a health care providers note stating your child may return to school.

Name: _____ Title: _____ Date: _____

This form allows the release of medical information to the school from the student's physician/doctor.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your healthcare provider will require Parent/Guardian signature on this form to share Protected Medical Information with the school district in relation to the student. Please sign and give the form to your healthcare provider and/or to the school nurse.

Student: _____ DOB: _____ Student ID: _____

Grade: _____ School: _____ Medical Agency: _____

I, _____ (Parent/Guardian) authorize my child's health care provider(s) to release (name of child) _____'s medical records to the school, specifically, the following person, persons, or agencies (school district, school nurse, physical therapist):

The healthcare provider may disclose the following protected health information (check all that apply):

- Health Appraisals
- Immunizations
- Past/Current Medical Condition and Its Impact on Attendance, School Programming, and/or PT, OT, or ST needs
- Other _____

Please select one:

- This authorization is valid for the entire academic school year 20 - 20 .
- This authorization shall expire on ____/____/____ (MO/DD/YR)

I understand that I am not required to sign this authorization and can refuse to sign it.

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building.

I understand that my child's treatment is not dependent on my agreement to release or withhold information.

Date Signature of Parent or Guardian, or of Patient (Over 18) Relationship to Patient

Staff Notification Letter

For Confirmed Concussion Cases (Send after parents have signed Release of Information):

Dear << staff name or role >>,

This memo is to notify you that <<student name>> sustained a concussion on <<date>>. We are requesting that you assist with this student's concussion management and recovery. Some students recovering from a concussion may need a few days of complete rest before returning to school.

Each concussion is unique and can cause different symptoms. Some may appear immediately; some may develop over days or weeks. Most students who have sustained concussions will be better within 3-4 weeks, but some can take months to recover. Managing symptoms appropriately can help to shorten the duration of recovery. Common signs and symptoms of concussion include:

Signs (Observed by Others):

- Appears dazed or confused.
- Is confused about events.
- Answers questions slowly.
- Repeats questions.
- Can't recall events prior to and/or after the hit, bump, or fall.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Forgets class schedule or assignments.

Symptoms (Reported by the Student):

Cognitive(Thinking)

- Feeling slowed down.
- Difficulty concentrating.
- Difficulty remembering new information.

Physical

- Headache.
- Fuzzy or blurry vision.
- Nausea or vomiting (early on).
- Sensitivity to noise or light.
- Balance problems.
- Feeling tired/having no energy.

Cognitive(Thinking)

- Irritability.
- Sadness.
- More emotional.
- Nervousness or anxiety.

Sleep

- Sleeping more than usual.
- Sleeping less than usual.
- Trouble falling asleep.

A student who has sustained a concussion needs to rest his or her brain following injury. This includes avoiding bright lights and loud noises. Students are usually advised to avoid dances, sporting events, TV, video games, and computer use. Cognitive activities such as reading and problem solving may need to be adjusted.

Attached is an **Academic Adjustment Plan** that indicates school-based adjustments selected by the concussion team for optimal healing. Please be flexible with this student and understand healing takes place at different rates. Please monitor this student and report any worsening of symptoms. Contact <<name and contact info>> if you have any questions.

Thank you.

<<name and role>>

Concussion Team Leader

Adapted from ORCAS Brain101: The Concussion Playbook