Date: [Insert Date]

Dear Parent/Guardian of [Student Name],

This letter is to notify you that [Student Name] sustained a head injury today at [Time] during [Activity/Class].

While your child did not lose consciousness, they exhibited the following signs/symptoms at the time of the injury:

- [List symptom 1]
- [List symptom 2]
- [List symptom 3]

In accordance with our Pediatric Concussion Protocol, we recommend that you have your child evaluated by a healthcare professional as soon as possible. Please monitor your child closely for the next 24 to 48 hours.

Seek immediate emergency medical care if your child experiences:

- Repeated vomiting
- Severe or increasing headache
- Seizures or tremors
- Difficulty waking up or extreme drowsiness
- Slurred speech or weakness in limbs
- Increased confusion or irritability

To return to school activities and physical education, we require a medical clearance form signed by a physician. This form should outline any necessary academic or physical accommodations (e.g., reduced screen time, no contact sports).

Please contact the school office if you have any questions regarding the return-to-learn or return-to-play process.

Sincerely,

[Name of Staff Member/Nurse]
[Title]
[School Name]
[Phone Number]