Date: [Date]

To the Parents/Guardians of: [Student Name]

Date of Birth: [DOB]

Dear Parent/Guardian,

This letter is to inform you that your child sustained a head injury today at school. While your child was evaluated by the school health office, symptoms of a concussion can sometimes take hours or days to appear.

**Incident Details:**
Time of Injury: [Time]
Description: [Brief description of incident]

**Action Required:**
We recommend that you have your child evaluated by a healthcare professional (Physician, Pediatrician, or Emergency Provider) as soon as possible. Please monitor your child for the following "Red Flag" symptoms:

- Severe or increasing headache
- Repeated vomiting
- Slurred speech or confusion
- Unusual drowsiness or inability to wake up
- Weakness, numbness, or decreased coordination
- Seizures

**School Return Policy:**
If a concussion is diagnosed, please provide the school with a medical note outlining specific "Return to Learn" and "Return to Play" restrictions. Your child will be restricted from physical education (PE) and sports until cleared by a doctor.

Please contact the school health office if you have any questions.

Sincerely,

[Nurse Name], RN
[School Name]
[Phone Number]