

EL PASO INDEPENDENT SCHOOL DISTRICT

Athletic Trainers

REPORT TO PARENTS OF HEAD INJURY

Student Athlete: _____ ID#: _____ School: _____

Date of Injury: _____ Time: _____ Location: _____ Sport : _____

Dear Parent/Guardian:

This is to inform you that your son/daughter has suffered a head injury. The following events occurred:

According to HB 2038, UIL, and EPISD Rules and Regulations your son/daughter must receive clearance from a physician and complete the Return to Play Protocol before returning to competition.

Do not administer medication unless specified by your doctor.

CONTACT YOUR DOCTOR OR EMERGENCY ROOM IF YOU NOTICE ANY OF THE FOLLOWING SIGNS/SYMPTOMS:

- Severe headache
- Double vision, blurred vision, or pupils of different sizes
- Blood or clear fluid dripping from ears or nose (Do not blow a bloody nose or attempt to clean blood from ears or nose)
- Difficulty with speech
- Vomiting
- Mental confusion or loss of memory
- Stiffness of neck
- Loss of muscle coordination such as falling down, walking strangely, or staggering
- Any unusual behavior such as hyperactivity, dizziness or irregular breathing

Athletic Trainer: _____ Contact phone # _____

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AVISO A LOS PADRES SOBRE GOLPES EN LA CABEZA

Student Athlete: _____ ID#: _____ School: _____

Date of Injury: _____ Time: _____ Location: _____ Sport: _____

Estimados Padres:

Esto es para informales que su hijo(a) sufrio un golpe en la cabeza. Los siguientes eventos ocurrieron:

Conforme a los reglamentos de HB 2038, UIL, y EPISD su hijo/a deberá ser dado de alta por un medico y completar el protocolo de Regresar a Jugar antes de integrarse a la competencia.

No administre medicamentos si no son prescritos por un doctor.

COMUNIQUESE CON SU DOCTOR O SALA DE EMERGENCIA SI OBSERVA CUALQUIERA DE LOS SIGUIENTES SINTOMAS:

- Fuerte dolor de cabeza
- Doble vision, vision borosa, o pupilas de diferente tamano
- Convulsiones
- Sangre o liquido claro goteando de los oidos o nariz (no sacuda la nariz si esta sangrando ni intente limpiar la sangre de los oidos o nariz)
- Vomito
- Dificultad para hablar
- Confusion mental o perdida de memoria
- Cuello adolorido
- Perdida de coordinacion como caidas o manera rara de caminar
- Cualquier comportamiento raro como hiperactividad, mareos o respiracion irregular

Athletic Trainer: _____ Contact phone # _____