

**THE  
LIGHTHOUSE  
PROGRAM**



Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year

School name \_\_\_\_\_

Grade \_\_\_\_\_

**AfterSchool / Summer Programs  
making a DIFFERENCE!**

**STUDENT INJURY REPORT FORM**

**This form is to be completed immediately following the occurrence of any injury that is serious enough to warrant parental notification.**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Parent's name \_\_\_\_\_ mo day year

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Time of Injury \_\_\_\_ am \_\_\_\_ pm

**Action Taken: PLEASE CHECK AND COMPLETE ALL THAT APPLY.**

First aid administered \_\_\_\_ am \_\_\_\_ pm By Whom \_\_\_\_\_

Parent or guardian notified \_\_\_\_ am \_\_\_\_ pm By Whom \_\_\_\_\_

Unable to contact parent / guardian

Remained in or returned to class Called 911

Sent / Taken Home Taken to M.D., Health Care Provider, Hospital, etc

Parents deemed Hospitalized (Specify length) \_\_\_\_\_

Checked by school nurse Restricted school activity (Specify length) \_\_\_\_\_

Checked Other, specify \_\_\_\_\_

**Nature of injury: List the injuries/symptoms incurred.**

- |             |                          |                                  |                         |
|-------------|--------------------------|----------------------------------|-------------------------|
| More Severe | 1. Abrasion/Scrape       | 4. Cut/Laceration                | 7. Shortness of Breath  |
| Less Severe | 2. Bump/Bruise/Contusion | 5. Sprain/Dislocation (possible) | 8. Pain Tenderness Only |
|             | 3. Burn/Scald            | 6. Fracture/Broken (possible)    | 9. Puncture             |

**Area Affected: List area affected for each injury/symptom code listed above.**

- |             |               |                       |              |                |                  |
|-------------|---------------|-----------------------|--------------|----------------|------------------|
| More Severe | 1. Chin/Cheek | 5. Mouth/Tongue/Lip   | 9. Nose      | 13. Stomach    | 17. Chest/Ribs   |
| Less Severe | 2. Ear        | 6. Tooth/Teeth        | 10. Head     | 14. Collarbone | 18. Pelvis/Hip   |
|             | 3. Eye        | 7. Neck/Throat        | 11. Back     | 15. Buttocks   | 19. Genitalia    |
|             | 4. Forehead   | 8. Arm/Shoulder/Elbow | 12. Leg/Knee | 16. Foot/Toe   | 20. Hand/Fingers |

**Cause of Injury: List main cause of injury.**

- |                                 |                     |                                 |                     |
|---------------------------------|---------------------|---------------------------------|---------------------|
| 1. Collision w/Object/person    | 4. Animal Bite      | 7. Foreign body in eye/ear/nose | 10. Stuck by object |
| 2. Contact with fire/hot liquid | 5. Fall             | 8. Jam/Crunch/Pinch             | 11. Tripped/Slipped |
| 3. Contact w/sharp edge/object  | 6. Fight/Roughhouse | 9. Motor vehicle collision      | 12. Other _____     |

**Location: List location at which injury occurred.**

- |              |               |                                 |                 |
|--------------|---------------|---------------------------------|-----------------|
| 1. Classroom | 4. Gymnasium  | 7. Sidewalk/Stairs/Ramp         | 10. Restroom    |
| 2. Hallway   | 5. Lunchroom  | 8. School bus/Public bus        | 11. Unknown     |
| 3. Doorway   | 6. Playground | 9. Street/Driveway/Parking area | 12. Other _____ |

**Description: Describe specifically how the injury happened and treatment provided.**

**Person with student at time of injury:** \_\_\_\_\_ **Other Witnesses:** \_\_\_\_\_