

**THE
LIGHTHOUSE
PROGRAM**



Today's Date ____ / ____ / ____
mo day year

School name _____

Grade _____

**After-School / 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 ____ pm ____ am

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.

- | | | | |
|---------------------------------|---------------------|---------------------------------|---------------------|
| Collision w/Object/person. 1 | 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.

- | | | | |
|--------------|---------------|---------------------------------|-----------------|
| Classroom. 1 | 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:** _____