



Student Incident / Injury Report

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P (907) 746-9213 || F (907) 761-4091

Report Date

Special Instructions: Any adult witness, at the time of the incident, must complete the front or first page of this report. The school nurse must complete the back or second page of this report.

Site Name Date & Time of Incident

Student Name Grade DOB Male Female

Last First MI

Parent/Guardian Phone

Incident Occurred On or In:

- | | | | | |
|---|---|---------------------------------------|---|--|
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Stairs | <input type="checkbox"/> Restroom | <input type="checkbox"/> Ice Rink | <input type="checkbox"/> Other: Indicate Below |
| <input type="checkbox"/> School Grounds | <input type="checkbox"/> Gym | <input type="checkbox"/> Hallway | <input type="checkbox"/> Shop | <input type="text"/> |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Chemistry Lab | <input type="checkbox"/> Bus/Bus Stop | <input type="checkbox"/> Football Field | |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Home Economics | <input type="checkbox"/> Playground | <input type="checkbox"/> Locker Room | |

For Playground Incidents / Injuries Only Incident type: Select one or fill in the blank if necessary.

Playground Activity:

<input type="checkbox"/> Single Swing	<input type="checkbox"/> Horizontal Ladder	<input type="checkbox"/> Football	<input type="checkbox"/> Sliding Pole	<input type="checkbox"/> Tether Ball
<input type="checkbox"/> Tire Swing	<input type="checkbox"/> Vertical Ladder/Bars	<input type="checkbox"/> Merry Go Round	<input type="checkbox"/> Balance Beam	<input type="checkbox"/> Sledding/Sliding
<input type="checkbox"/> Tot Swing	<input type="checkbox"/> Chin & Turn Bar	<input type="checkbox"/> Tire Net Climber	<input type="checkbox"/> Steering Wheel	<input type="checkbox"/> General Play
<input type="checkbox"/> Straight Slide	<input type="checkbox"/> Parallel Bars	<input type="checkbox"/> Dome Climber	<input type="checkbox"/> Teeter Totter	<input type="checkbox"/> Sky Walk
<input type="checkbox"/> Embankment Slide	<input type="checkbox"/> Spring Rocker	<input type="checkbox"/> Arch Climber	<input type="checkbox"/> Track Glide	<input type="checkbox"/> Other:
<input type="checkbox"/> Spiral Slide	<input type="checkbox"/> Skating/Hockey	<input type="checkbox"/> Chain Net Climber	<input type="checkbox"/> Traveling Rings	<input type="checkbox"/> Indicate Below
<input type="checkbox"/> Tube Slide	<input type="checkbox"/> Basketball/Funnel Ball	<input type="checkbox"/> Rope Net Climber	<input type="checkbox"/> Tire	<input type="text"/>

Surfacing Type:

<input type="checkbox"/> Concrete/Asphalt	<input type="checkbox"/> Dirt/Grass/Turf	<input type="checkbox"/> Wood Chips	<input type="checkbox"/> Snow
<input type="checkbox"/> Sand	<input type="checkbox"/> Pea Gravel	<input type="checkbox"/> Rubber Matting	<input type="checkbox"/> Ice

Incident Cause: Select one or fill in the blank if necessary.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Over Exertion | <input type="checkbox"/> Improper Guarding | <input type="checkbox"/> Protrusion / Projection | <input type="checkbox"/> Exposure to Cold |
| <input type="checkbox"/> Hit by Object | <input type="checkbox"/> Surface Material | <input type="checkbox"/> Collision / Bumped | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Entrapment | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Slip / Fall (Same Level) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Improper Use | <input type="checkbox"/> Mechanical Failure | <input type="checkbox"/> Slip / Fall (Different Level) | <input type="checkbox"/> Indicate Below |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Bite | <input type="checkbox"/> Equip Congestions / Fall Zones | <input type="text"/> |

Type of Injury:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Scratches | <input type="checkbox"/> Laceration | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Possible Sprain | <input type="checkbox"/> Amputation | <input type="checkbox"/> Possible Fracture | <input type="checkbox"/> Indicate Below |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Possible Concussion | <input type="checkbox"/> Possible Dislocation | <input type="text"/> |

Part of Body Injured:

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|----------------------------------|---|
| <input type="checkbox"/> Scalp | <input type="checkbox"/> Head | <input type="checkbox"/> Face | <input type="checkbox"/> Eye | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Arm | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hand | <input type="checkbox"/> Indicate Below |
| <input type="checkbox"/> Leg | <input type="checkbox"/> Knee | <input type="checkbox"/> Foot | <input type="checkbox"/> Ankle | <input type="text"/> |
| <input type="checkbox"/> Finger | <input type="checkbox"/> Tooth | <input type="checkbox"/> Back | <input type="checkbox"/> Neck | |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Nose | <input type="checkbox"/> Mouth | <input type="checkbox"/> Abdomen | |

Witness(es) Name's & Description(s) of Incident: Include extent of injury (if any); body area affected; First Aid rendered by teacher, monitor, etc; and what action was taken or recommended. Use an additional sheet if necessary.

Report Prepared by: Include Signature & Job Title. _____



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Special Instructions: If the injured student is transported for emergency treatment, please contact the Risk Management Office at 907-746-9213 immediately and fax a copy of this report to 907-761-4091. If student restraint is required, complete the MSBSD Physical Restraint Form, Form 702C

Student Name Grade DOB Male Female
Last First MI

Nurse's Actions: Time Assessed

Student's Statements

O.) B/P P R

A.)

P.)

Student Referred To:

Physician Emergency Room Home Returned to Class Other (Explain)

Student Transported By:

Parent Bus Ambulance Not Transported Other (Name)

Who Was Notified?

Mother Father Other (Name)

Notification Made By:

Telephone Note (File a copy in student's health cumulative health folder.)

Additional Follow-Up:

School Nurse Signature Date

Risk Management's Signature Date

Principal Signature Date

IMPORTANT: Forward this original form to Risk Management for signature. Place a copy of the form in the student's cumulative health folder.