Student Athlete Incident/Injury Report

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

Print Form

Report Date:

Special Instructions: Any adult witness, at the time of the incident, must complete this report.

Attending School | Date & Time of Incident

Student Name (Last / First / MI) | Grade | DOB | Male | Female

Parent/Guardian | Phone

Incident Occurred On or In:

- Parking Lot
- School Grounds
- Classroom
- Cafeteria
- Stairs
- Gym
- Chemistry Lab
- Home Economics
- Restroom
- Hallway
- Bus/Bus Stop
- Playground
- Ice Rink
- Shop
- Football Field
- Locker Room
- Wrestling
- Other: Indicate Below

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

- Over Exertion
- Hit by Object
- Entrapment
- Improper Use
- Fighting
- Improper Guarding
- Surface Material
- Horseplay
- Mechanical Failure
- Bite
- Protrusion/Projection
- Collision/Bumped
- Slip/Fall (Same Level)
- Slip/Fall (Different Level)
- Equip Congestion/Fall Zones
- Exposure to Cold
- Fainting
- Other: Indicate Below

Type of Injury:

- Abrasion
- Amputation
- Brusie
- Burn
- Internal/Body Reaction
- Laceration
- Puncture
- Possible Concussion
- Possible Dislocation
- Possible Fracture
- Possible Sprain
- Possible Tear/Strain
- Scratches
- Swelling
- Other: Indicate Below

Part of Body Injured:

- Abdomen
- Ankle
- Arm
- Back
- Chest
- Ear
- Elbow
- Eye
- Hip
- Hand
- Head
- Face
- Finger
- Foot
- Knee
- Leg
- Mouth
- Neck
- Nose
- Scalp
- Shoulder
- Tooth
- Wrist
- Other: Indicate Below

Incident Description:

Witness Name: _____ **Witness Job Title:** _____

Student Referred to:

- Physician
- Emergency Room
- Home
- Returned to Class/Play
- Other: Indicate Below

Student Transported by:

- Parent/Guardian
- Bus
- Ambulance
- Not Transported
- Self
- Other: Indicate

Who was Notified:

- Mother
- Father
- Other: Indicate Below

Notification made by:

- Phone
- Office/Appointment
- Letter
- Home
- Email
- In Person