STUDENT INJURY/OCCURRENCE REPORT

Fairbanks North Star Borough School District

Sections 1-7 are to be completed by the staff member present at the time of the injury/occurrence. Section 8 is to be completed by the school nurse if directly involved in providing emergency care. When "other" is checked, please explain.

~ ~ PLEASE PRINT CLEARLY ~ ~

1. **Student** ______________________ **DOB** ___/___/___ **M**_____ **F**_____

Date of Occurrence___/___/___ **Time of Occurrence**___:___ **am/pm** **Phone: (Home)**__________ **(Work)**__________

Parent/Guardian______________________ **Address**______________________

School Enrolled at ______________________ **Grade** __________ **Teacher** ______________________

2. ***LOCATION WHERE INJURY/OCCURRENCE TOOK PLACE (Check all that apply)***

- ☐ Bus/Bus Stop
- ☐ Cafeteria
- ☐ Classroom
- ☐ Football Field
- ☐ Gym
- ☐ Hallway
- ☐ Home Economics
- ☐ Ice Rink
- ☐ Lab
- ☐ Locker Room
- ☐ Parking Lot
- ☐ Playground
- ☐ Restroom
- ☐ Shop
- ☐ Stairs
- ☐ Other______________________

3. ***TYPE OF INJURY (Check all that apply)***

- ☐ Abrasion
- ☐ Bite
- ☐ Burn
- ☐ Concussion
- ☐ Contusion
- ☐ Dislocation
- ☐ Fracture
- ☐ Laceration
- ☐ Pain
- ☐ Puncture
- ☐ Scratches
- ☐ Sprain
- ☐ Unknown
- ☐ Other______________________

4. ***PART OF THE BODY INJURED (Check all that apply. Indicate Left / Right , Front Back etc., as applicable.)***

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Chest
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Scalp
- ☐ Shoulder
- ☐ Tooth
- ☐ Wrist
- ☐ Other______________________

5. ***ACTIVITY*** **(What was student doing? Who provided information?)**______________________

____

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☐ **If a competitive sports event or practice, Event Name** __________ **Coach Name**__________

Condition of place/equipment/surface ______________________

Specific safeguards used______________________

6. ***WITNESSES PRESENT*** **(Write name and Job Title or Grade)**______________________

____

Was first-aid given by someone other than school nurse? Y__ N__ If so, Name__________

Explain what was done______________________

Who was notified of occurrence?__________ **How notified?**__________ **When?**__________

Signature of Reporting party__________ **Date** __________ **Phone**__________

7. ***DISPOSITION (Date/Time)***

School Nurse __________ **Returned to Class** __________ **Physician**__________ **Ambulance** __________

Emergency Room__________ **Accompanied by**__________ **Other**__________

This section to be completed by the School Nurse ***if directly involved in providing care***. (Be sure to include follow-up notation, especially when not available for initial care.)

8. ***NURSE'S ACTION*** **Time Student Seen ____:___am/pm**

S) Student states:

O) Objective **B/P________ P__________ R___________ Pupils _________**

A) Assessment

P) Plan

Risk Management Called? Y__ N__ Date __________ Name of Contact at Risk Mgt. _______________________

Nurse's Signature ____Date _______________________

Principal's Signature ____Date _______________________

Follow-up After Date of Injury ____

____Date ______________________

Result of Follow-up ____

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REMINDER FOR SECONDARY STUDENTS:
Student Athletes, Sports Conditioning and Instructional Camps, JROTC, Native Youth Olympics, High School Dance Team, School to Work injuries - Please provide parents with the original Myers-Stevens claim form partially completed. Please contact Risk Management 459-1392 for further information.

Distribution:
1. ***Original Student Injury/Occurrence Report to Risk Management***
2. ***A copy of partially completed Myers-Stevens Claim form to Risk Management (if applicable)***