



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	
	Last First MI	DOB	
Parent/Guardian		Phone	

Incident Occurred On or In:

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

For Playground Incidents / Injuries Only

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

Playground Activity:

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

Surfacing Type:

- | | | | |
|---|--|---|-------------------------------|
| ☐ Concrete/Asphalt | ☐ Dirt/Grass/Turf | ☐ Wood Chips | ☐ Snow |
| ☐ Sand | ☐ Pea Gravel | ☐ Rubber Matting | ☐ Ice |

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

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

Type of Injury:

- | | | | |
|--|--|---|---|
| ☐ Abrasion | ☐ Scratches | ☐ Laceration | ☐ Other: |
| ☐ Possible Sprain | ☐ Amputation | ☐ Possible Fracture | ☐ Indicate Below |
| ☐ Burn | ☐ Possible Concussion | ☐ Possible Dislocation | |

Part of Body Injured:

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|----------------------------------|---|
| ☐ Scalp | ☐ Head | ☐ Face | ☐ Eye | ☐ Other: |
| ☐ Chest | ☐ Arm | ☐ Elbow | ☐ Hand | ☐ Indicate Below |
| ☐ Leg | ☐ Knee | ☐ Foot | ☐ Ankle | |
| ☐ Finger | ☐ Tooth | ☐ Back | ☐ Neck | |
| ☐ Wrist | ☐ Nose | ☐ Mouth | ☐ 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 ☐ Home ☐ Other (Explain)
☐ Emergency Room ☐ Returned to Class

Student Transported By:

☐ Parent ☐ Ambulance ☐ Other (Name)
☐ Bus ☐ Not Transported

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

Principal Signature

Date

Risk Management's 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.

702A RM13 REV: 6/10/2019