STUDENT INJURY/OCURRENCE 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/OCURRENCE TOOK PLACE (Check all that apply)
   □ Bus/Bus Stop  □ Football Field  □ Home Economics  □ Locker Room  □ Restroom
   □ Cafeteria  □ Gym  □ Ice Rink  □ Parking Lot  □ Shop
   □ Classroom  □ Hallway  □ Lab  □ Playground  □ Stairs
   □ Other ___________________________

3. TYPE OF INJURY (Check all that apply)
   □ Abrasion  □ Concussion  □ Fracture  □ Puncture  □ Unknown
   □ Bite  □ Contusion  □ Laceration  □ Scratches  □ Sprain
   □ Burn  □ Dislocation  □ Pain  □ Sprain  □ Other ___________________________

4. PART OF THE BODY INJURED (Check all that apply. Indicate Left/Right, Front/Back etc., as applicable.)
   □ Abdomen  □ Back  □ Eye  □ Foot  □ Knee  □ Neck  □ Shoulder
   □ Ankle  □ Chest  □ Face  □ Hand  □ Leg  □ Nose  □ Tooth
   □ Arm  □ Elbow  □ Finger  □ Head  □ Mouth  □ Scalp  □ Wrist
   □ Other ___________________________

5. ACTIVITY (What was student doing? Who provided information?)
   ____________________________________________________________
   □ 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 __________________

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Revised 8/18
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**

S) Student states:

- **Time Student Seen:** __:__ am/pm

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 ____________________________

REMEMBER FOR SECONDARY STUDENTS:

Student Athletes, 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 see instruction packet for further information.


2. A copy of partially completed Myers-Stevens Claim form to Risk Management (if applicable)