

# 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)

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

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

- |                                      |                                      |                                     |                                    |                                  |
|--------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Abrasion    | <input type="checkbox"/> Concussion  | <input type="checkbox"/> Fracture   | <input type="checkbox"/> Puncture  | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Bite        | <input type="checkbox"/> Contusion   | <input type="checkbox"/> Laceration | <input type="checkbox"/> Scratches |                                  |
| <input type="checkbox"/> Burn        | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Pain       | <input type="checkbox"/> Sprain    |                                  |
| <input type="checkbox"/> Other _____ |                                      |                                     |                                    |                                  |

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

- |                                      |                                |                                 |                               |                                |                                |                                   |
|--------------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Abdomen     | <input type="checkbox"/> Back  | <input type="checkbox"/> Eye    | <input type="checkbox"/> Foot | <input type="checkbox"/> Knee  | <input type="checkbox"/> Neck  | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Ankle       | <input type="checkbox"/> Chest | <input type="checkbox"/> Face   | <input type="checkbox"/> Hand | <input type="checkbox"/> Leg   | <input type="checkbox"/> Nose  | <input type="checkbox"/> Tooth    |
| <input type="checkbox"/> Arm         | <input type="checkbox"/> Elbow | <input type="checkbox"/> Finger | <input type="checkbox"/> Head | <input type="checkbox"/> Mouth | <input type="checkbox"/> Scalp | <input type="checkbox"/> Wrist    |
| <input type="checkbox"/> 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 \_\_\_\_\_

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 \_\_\_\_\_

**REMINDER 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.*

- 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)*