

Student Athlete Incident/Injury ReportRisk Management

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 Instruction	is: Any adult withess, at t	ne time of the incident	, must complete this report.
Attending School		Dat	e & Time of Incident
Student Name		Grade	DOB Male Female
Parent/Guardian	Last First	MI	Phone
Incident Occurre Parking Lot School Grounds Classroom Cafeteria	d On or In: Stairs Gym Chemistry Lab Home Economics	Restroom Hallway Bus/Bus Stop Playground	Ice Rink Wrestling Shop Other: Indicate Below Football Field Locker Room
Over Exertion Hit by Object Entrapment Improper Use Fighting	Select one or fill in the bla 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
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 Inju	Ear Hei Elbow Fac Eye Fin Hip Foc Hand Know	ger Mouth Neck Nose	Shoulder Tooth Wrist Other: Indicate Below
Witness Name:		Witness Job Title	e:
Student Referred to: Physician Emergency Room	Home Returned to Class/Play	Other: Indicate Below	
Student Transported Parent/Guardian Bus	by: 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	