Process for Charter School Student Injury Reporting

Injury occurs at school / school transportation / school sponsored activity

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Provide necessary treatment and notify parents

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Complete **Student Injury/Occurrence report** via PowerSchool or with paper version **AND Alaska Pu lic ntity Insurance AP I clafinm**. Email completed claim form to Risk Management via ReportClaims@fnsb.us
Original completed claim form goes to parents. Parents mail directly to APEI to file a claim.

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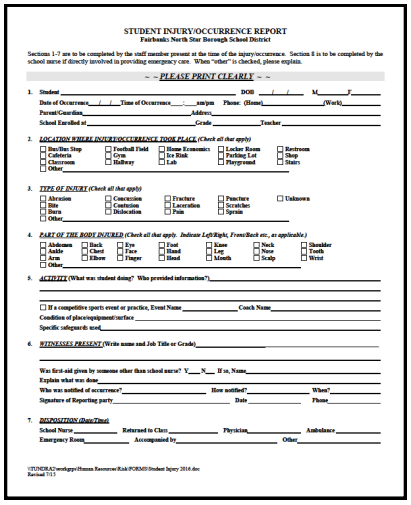

STUDENT INJURY/OCCURRENCE REPORT
Fairbanks North Star Borough School District

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 ☐ 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
☐ 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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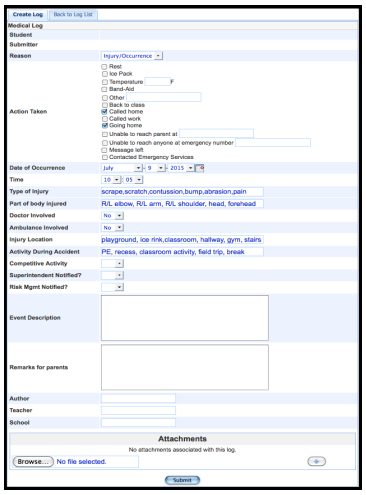
Revised 7/13

OR

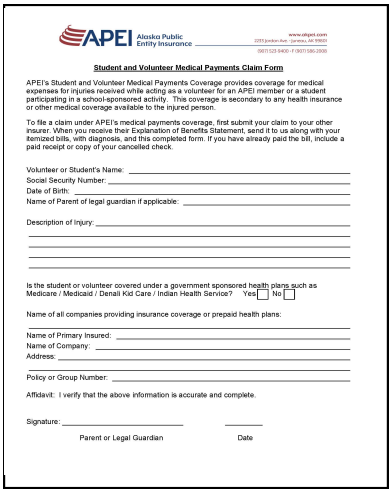


Create Log | Back to Log List

Medical Log
Student
Submitter
Reason: Injury/Occurrence
Action Taken: Rest; Ice Pack; Temperature; Band-Aid; Other; Back to class; Called home; Called work; Going home; Unable to reach parent at; Unable to reach anyone at emergency number; Message left; Contacted Emergency Services
Date of Occurrence: July 9 2015
Time: 10 05
Type of Injury: scrape,scratch,contusion,bump,abrasion,pain
Part of body injured: R/L elbow, R/L arm, R/L shoulder, head, forehead
Doctor Involved: No
Ambulance Involved: No
Injury Location: playground, ice rink,classroom, hallway, gym, stairs
Activity During Accident: PE, recess, classroom activity, field trip, break
Competitive Activity
Superintendent Notified?
Risk Mgmt Notified?
Event Description
Remarks for parents
Author
Teacher
School

Attachments
No attachments associated with this log.
Browse... No file selected.
Submit

AND



APEI Alaska Public Entity Insurance

Student and Volunteer Medical Payments Claim Form

APEI's Student and Volunteer Medical Payments Coverage provides coverage for medical expenses for injuries received while acting as a volunteer for an APEI member or a student participating in a school-sponsored activity. This coverage is secondary to any health insurance or other medical coverage available to the injured person.

To file a claim under APEI's medical payments coverage, first submit your claim to your other insurer. When you receive their Explanation of Benefits Statement, send it to us along with your itemized bills, with diagnosis, and this completed form. If you have already paid the bill, include a paid receipt or copy of your cancelled check.

Volunteer or Student's Name: _____
Social Security Number: _____
Date of Birth: _____
Name of Parent of legal guardian if applicable: _____

Description of Injury: _____

Is the student or volunteer covered under a government sponsored health plans such as Medicare / Medicaid / Denali Kid Care / Indian Health Service? Yes☐ No☐

Name of all companies providing insurance coverage or prepaid health plans:

Name of Primary Insured: _____
Name of Company: _____
Address: _____
Policy or Group Number: _____

Affidavit: I verify that the above information is accurate and complete.

Signature: _____ _____
Parent or Legal Guardian Date

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Please call Risk Management immediately to report any serious injury—the following are always considered serious:

1. Ambulance calls
2. Other Major injuries - probable fractures, unconsciousness, heavy bleeding.
3. Head injury with any sign of concussion present
4. Unusually upset or angry parent (parents may also be advised to call Risk Management
5. Major safety factor - fire, equipment failure, weapon involved, more than one person injured.
6. Blood Borne Pathogen

NOTE: All forms can be found online at https://www.k12northstar.org/Page/6735