



Report of Medical Incident *CONFIDENTIAL*

All physical injuries/illnesses, however slight, taking place at a *FIRST* official event must be reported to the Finance Department at *FIRST* Headquarters. Physical injuries/illnesses that take place in the course of a Team's activities, not at an event, need only be reported if the injury is related to *FIRST* game materials, *FIRST* game design, or *FIRST* rules. A similar report form provided by the hosting school/organization may be substituted. Names may be removed if privacy regulations require it.

Circle one: (FRC) (FTC) (FLL) (JrFLL) (*FIRST* PLACE)
(OTHER)
Event Name: _____
Contact Person: _____
Phone: (____) _____

Date of Incident: _____
Place of Incident (give address): _____

Team Number: _____

INJURED: (Team Member) (Team Volunteer) (Event Volunteer) (Other: _____) Gender:(M) (F)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
If Minor, Parent/Guardian Name: _____

INJURY:
Injured Body Part: _____
Nature of Injury: _____

MEDICAL CARE:
Care Given: _____

DISPOSITION:
 Ambulance to Hospital: _____
 Personal Auto to: _____
 Returned to Event
 Other: _____
 Refused Treatment _____ Patient's Initials

Action Taken: _____

DESCRIBE HOW INCIDENT HAPPENED: (in patient's words, use back of form, if necessary)

WITNESS: (continue on a separate page, if more than one)
Name: _____
If _____ under _____ age _____ 18, _____ name _____ of _____ parent/guardian:____
Address: _____
Phone: (____) _____ Employee of *FIRST*? (Y) (N) (Use back of form for additional witnesses)

WHERE ON PROPERTY INCIDENT OCCURRED: _____

WAS PARENT OR GUARDIAN ON-SITE? IF SO NAME: _____

DESCRIBE HOW INCIDENT HAPPENED: (in witness's words, use back of form, if necessary)

PERSON REPORTING: _____

EVENT POSITION: _____ Phone: (____) _____

PLEASE FOLLOW BOTH STEPS TO REPORT THIS INCIDENT.
1. Return completed form to Christine Baker-Terilli, via fax (**both sides if both used**) to (603)206-2081, or email at cbaker@usfirst.org
2. Mail the original to: *FIRST*, Attn: Christine Baker-Terilli, 200 Bedford Street, Manchester, NH 03101-1132