



***Team Number: _____

FIRST® MEDICAL INCIDENT REPORT – *FIRST* Events Please Print Clearly

SEE SECTION 14 of REGIONAL PLANNING GUIDE FOR FURTHER INSTRUCTIONS

NAME/LOCATION OF EVENT: _____ **DATE OF INCIDENT:** _____
(FRC) (FLL) (FTC) (*FIRST* PLACE) (OTHER)
Type of Event: _____ **TIME OF INCIDENT:** _____ (am)(pm)
Event Name: _____
Contact Person: _____
Phone: () _____

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: _____
(Cut, Sprain, Fracture, etc.) _____

MEDICAL CARE: Care Given: _____
Action Taken: _____
DISPOSITION:
 Ambulance to Hospital: _____
 Personal Auto to: _____
 Returned to Event
 Other: _____
 Refused Treatment _____ Patient's Initials

DESCRIBE HOW INCIDENT HAPPENED: (in patient's words):

WITNESS: (continue on other side if more than one witness)

Name: _____
Address: _____
Phone: () _____ Employee of *FIRST*? (Y) (N) (Use back of form for further witnesses)

WHERE ON PROPERTY INCIDENT OCCURRED:

WAS PARENT OR GUARDIAN ON-SITE? IF SO NAME: _____
DESCRIBE HOW INCIDENT HAPPENED: (in witness's words):

WHILE PERFORMING WHAT ACTIVITY:

PERSON REPORTING: _____

EVENT POSITION: _____ Phone: () _____

PLEASE REVIEW ALL THREE STEPS TO REPORT THIS INCIDENT.
1. Return completed form to *FIRST* via fax at (603) 647-5772. (Same day please) Attn: C. Baker-Terilli
2. Mail the original to: Finance, *FIRST*, 200 Bedford Street, Manchester, NH 03101. (ASAP not needed)
3. **If the injuries require medical treatment (including EMT, nurse, doctor or hospital) fax a completed form ASAP to USI Claims: (603) 665-6003.**