

FIRST AID INCIDENT REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_  First Aid  Missing/ Found Person  Other: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Best Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Budd Lake, NJ 078280  Flanders, NJ 078360  City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

**WEATHER**

Weather conditions:  Clear  Cloudy  Foggy  Rainy  Windy  Other: \_\_\_\_\_

Field/Facility Conditions: \_\_\_\_\_

DESCRIBE INCIDENT: Sport/Event/Activity: \_\_\_\_\_  PRACTICE  COMPETITIVE  N/A

LOCATION (PARK NAME, TOWN IF NOT MT OLIVE): \_\_\_\_\_

Where it Happened (Draw a simple diagram and label, include personnel, attach another piece of paper if necessary):

**FIRST AID**

Type of Injury:  Abrasion  Fracture  Cramping  Hypothermia  Heat Exhaustion  Sprain  Cut  Sting: Allergic? Y N  
 Other: \_\_\_\_\_

Area of Injury:  Head  Eye L R  Neck  Arm L R  Hand L R  Trunk  Leg L R  Foot L R  Other

First Aid Given: (Put on Gloves!)  Direct Pressure  Bandaged  Immobilized  Gave ice pack  
 Other: \_\_\_\_\_

**ADVANCED EMERGENCY CARE**

CPR  Rescue Breathing  Spinal Injury management

Obstructed Airway -  Conscious  unconscious - Abdominal Thrusts  Baby-Back blows, Chest Thrusts

PROFESSIONAL HELP NEEDED:  EMS  Police  Fire Dept.  Search & Rescue  Other: \_\_\_\_\_

Time called \_\_\_\_\_ Time arrived \_\_\_\_\_ Action taken: \_\_\_\_\_

Clean-Up:  Infectious material bagged  disinfected  hands washed  local disposal  EMS disposal

RESULT:  victim released  victim examined by EMS  victim released to parent  victim to hospital  
 victim refused treatment  victim / parent advised to seek further medical treatment \_\_\_\_\_

Other: \_\_\_\_\_

Status:

Mt. Olive Township Recreation Department  
**FIRST AID INCIDENT REPORT Continued**

**Last Name:** \_\_\_\_\_

**MISSING/ FOUND PERSON (USE ONLY IF THE CHILD/PERSON IS MISSING)**

Time last seen: \_\_\_\_\_ Location last seen: \_\_\_\_\_ Direction of travel: \_\_\_\_\_

Who Reported: \_\_\_\_\_ Relation: \_\_\_\_\_

Description of missing person: \_\_\_\_\_ Clothing \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Hair color/style \_\_\_\_\_

Other: \_\_\_\_\_ Found – When: \_\_\_\_\_ Where: \_\_\_\_\_

By whom: \_\_\_\_\_  Called more help: When: \_\_\_\_\_ By whom: \_\_\_\_\_

Final Status: \_\_\_\_\_

**Other incident:**

**Comments or Observations:**

Were police called?  No  Yes Time called: \_\_\_\_\_ Time Arrived: \_\_\_\_\_

**Action taken:**

**Signatures:**

Signature of injured person: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Name of Coach/Adult supervisor: \_\_\_\_\_ phone # (\_\_\_\_) \_\_\_\_\_

Signature of Coach/Adult supervisor: \_\_\_\_\_

**Witnesses:**

| Name  | Address | Telephone |
|-------|---------|-----------|
| _____ | _____   | _____     |
| _____ | _____   | _____     |
| _____ | _____   | _____     |

This report must be turned into the Recreation Department within 48 hours of the incident.  
CALL the Recreation Department at 973-426-7261, as soon as possible after the emergency, no later than 24 hrs.