

**FIRST AID INCIDENT REPORT**

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

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

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

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

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

**WEATHER**

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

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

**DESCRIBE INCIDENT:**

**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:

**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 victim: \_\_\_\_\_

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.  
Please call the department at 973-691-0900 ext. 261, as soon as possible after the emergency, no later than 24 hrs.**