



Report of Medical Incident

CONFIDENTIAL

All physical injuries/illnesses, however slight, taking place at, or when traveling to or from, a *FIRST* official qualifying 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.

FRC FLL FTC *FIRST* PLACE OTHER

Type of Event: _____

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: _____

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

PERSON REPORTING:

Name: _____ Event Position: _____ Phone: (_____) _____

Date & Time of Incident: _____
Address of Incident: _____

Team Number _____

Was Parent/Guardian On-Site? Y N

If So Name: _____

Where On Property Incident Occurred: _____

In PATIENT'S Word's Describe How Incident Happened

(Use back of form for additional space) _____

WITNESS: (Use back of form for additional witnesses)

Name: _____

If Under Age 18, Parent/Guardian: _____

Address: _____

Phone: (_____) _____

Employee of *FIRST*? Y N

In WITNESS'S Words Describe How Incident Happened

(Use back of form for additional space) _____

PLEASE FOLLOW ALL THREE STEPS TO REPORT THIS INCIDENT.

- 1.) Return completed form to *FIRST* via fax at (603) 206-2081 or (603) 666-3907. Attn: Christine Baker-Terilli
- 2.) If the injuries require medical treatment (including EMT, nurse, doctor or hospital) fax a completed form to USI Claims at (603) 665-6003; please also fax a copy to Christine as noted in #1 above
- 3.) Mail the original to: *FIRST*, Attn: Christine Baker-Terilli, 200 Bedford Street, Manchester, NH 03101-1132