

Confidential

## Mt. Olive Township Recreation Department

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**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:

# FIRST AID INCIDENT REPORT

**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.**