



Report of Medical Incident **CONFIDENTIAL**

All physical injuries/illnesses, however slight, taking place at a **FIRST** official 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.

Circle one: (FRC) (FTC) (FLL) (FLL Jr) (**FIRST**
PLACE) (OTHER)
Event Name: _____
Contact Person: _____
Phone: (____) _____

Date of Incident: _____
Place of Incident (give address): _____

Team Number: _____

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: _____

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, use back of form, if necessary)

WITNESS: (continue on a separate page, if more than one)

Name: _____
If _____ under _____ age _____ 18, _____ name _____ of _____ parent/guardian: _____
Address: _____
Phone: (____) _____ Employee of **FIRST**? (Y) (N) (Use back of form for additional witnesses)

WHERE ON PROPERTY INCIDENT OCCURRED: _____

WAS PARENT OR GUARDIAN ON-SITE? IF SO NAME: _____

DESCRIBE HOW INCIDENT HAPPENED: (in witness's words, use back of form, if necessary)

PERSON REPORTING: _____

EVENT POSITION: _____ Phone: (____) _____

PLEASE FOLLOW ALL STEPS TO REPORT THIS INCIDENT.

1. Email completed form to incidents@firstinspires.org; please delete picture of form from phone after emailing
2. For injuries involving a trip & fall, please include pictures of the location where the individual tripped
3. Mail the original to: **FIRST**, Attn: Christine Baker-Terilli, 200 Bedford Street, Manchester, NH 03101-1132