

First Aid Incident Report

Date:	Time of Injury:	AM/PM	Time of FA Contact:	AM/PM
Report Taken By:		Position:		
PATIENT INFORMATION		IF UNDER THE AGE OF 18		
Name:		Guardian Name:		
Date of Birth:		Relationship:		
Phone Number:		Phone Number:		
Email:		Was Guardian present when incident occurred? YES / NO		
Address:				
PART OF BODY INJURED AND NATURE OF INJURY				
<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Leg <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Foot <input type="checkbox"/> Right Foot				
DESCRIPTION OF INCIDENT - (How the incident happened and factors leading up to the event)				
LOCATION OF INCIDENT				
Buildings: <input type="checkbox"/> Main Entrance/Front Gate <input type="checkbox"/> Guest Relations <input type="checkbox"/> Ticketing <input type="checkbox"/> Riverfront Retail Store <input type="checkbox"/> Nature Center <input type="checkbox"/> Barn <input type="checkbox"/> Cabanas: Riverside / Lakeside <input type="checkbox"/> F&B: Armadillo / Big Reds / Drink Shack / Ice House / Pizza Spot <input type="checkbox"/> Restrooms: Main / Island / Wild Isle / Nature Center		Water Attractions: <input type="checkbox"/> Body Slides: Sabine (<i>Green</i>) / Pecos (<i>Pink</i>) / Frio (<i>Yellow</i>) <input type="checkbox"/> Raft Slides: Comal Crush / Storm Surge <input type="checkbox"/> Wild Isle <input type="checkbox"/> Wave Pool <input type="checkbox"/> Lazy River <input type="checkbox"/> Splash Pad <input type="checkbox"/> Colorado Racers (Rainbow Slide) Color: _____ <input type="checkbox"/> Gator Splash (Rain Fortress) Color: _____ <input type="checkbox"/> Hatchling Hill (Kiddie Slides) Color: _____		
Aerial Attractions: <input type="checkbox"/> Eagle Challenge <input type="checkbox"/> Cougar Climb <input type="checkbox"/> Vulture's Dive <input type="checkbox"/> Falcon Flight <input type="checkbox"/> Hawks Glide <input type="checkbox"/> Raccoon Run		Fairgrounds Attractions: <input type="checkbox"/> Rolling Thunder <input type="checkbox"/> Balloons <input type="checkbox"/> Lafitte's Fury <input type="checkbox"/> Twister <input type="checkbox"/> Screaming Eagles <input type="checkbox"/> Swings <input type="checkbox"/> Spindle Top		
Other General Location: _____				
FIRST AID COMMENTS AND TREATMENT				
Transport Off-Site Yes / No		Location:		
Patient Signature:			Date:	
REFUSAL OF CARE				
<i>By Signing below, I am choosing to refuse medical treatment for the above referenced injury. I understand that my signature indicates my refusal of the medical treatment that has been offered to me and that I am completely responsible for seeking medical attention on my own and will pay for any subsequent bills associated with this medical treatment.</i>				
Patient Signature:			Date:	