

First Aid Incident Report

Date:	Incident Time:	AM/PM	FA Contact Time:	AM/PM	Guest OR Employee
Report Taken By:			Position:		

PATIENT INFORMATION		IF UNDER THE AGE OF 18	
Legal Name:		Guardian Name:	
Date of Birth:	Sex: M F X	Relationship:	
Phone Number:		Phone Number:	
Email:		Guardian present when incident occurred? YES NO	
Address:		City:	State: Zip:

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			
<small>(How the incident happened and factors leading up to the event)</small>			
Blood or Bodily Fluids Involved?	YES NO	Police Called?	YES NO EMS Called? YES NO

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 (Green) / Pecos (Pink) / Frio (Yellow) <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	Dry 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 <input type="checkbox"/> Bayou Bounce <input type="checkbox"/> Archery <input type="checkbox"/> Axe Throwing <input type="checkbox"/> Maze
Other General Location: _____	

FIRST AID COMMENTS AND TREATMENT	
Transported Off-Site: YES No	Location of Transport: _____

Patient Signature:	Date:
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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 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: