



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) (JrFLL) (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: \_\_\_\_\_

**DISPOSITION:**  
 Ambulance to Hospital: \_\_\_\_\_  
 Personal Auto to: \_\_\_\_\_  
 Returned to Event  
 Other: \_\_\_\_\_  
 Refused Treatment \_\_\_\_\_ Patient's Initials

Action Taken: \_\_\_\_\_

**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 BOTH STEPS TO REPORT THIS INCIDENT.**  
1. Return completed form to Christine Baker-Terilli, via fax to (603)206-2081, or email at [cbaker-terilli@firstinspires.org](mailto:cbaker-terilli@firstinspires.org)  
2. Mail the original to: FIRST, Attn: Christine Baker-Terilli, 200 Bedford Street, Manchester, NH 03101-1132