

# First Aid Incident Report

<b>Date:</b>	<b>Time of Injury:</b>	AM/PM	<b>Time of FA Contact:</b>	AM/PM
<b>Report Taken By:</b>			<b>Position:</b>	
<b>PATIENT INFORMATION</b>			<b>IF UNDER THE AGE OF 18</b>	
Name:			Guardian Name:	
Date of Birth:			Relationship:	
Phone Number:			Phone Number:	
Email:			Was Guardian present when incident occurred? YES / NO	
Address:				
<b>PART OF BODY INJURED AND NATURE OF INJURY</b>				
<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				
<b>DESCRIPTION OF INCIDENT - (How the incident happened and factors leading up to the event)</b>				
<b>LOCATION OF INCIDENT</b>				
<b>Buildings:</b> <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 <b>Aerial Attractions:</b> <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 <b>Other General Location:</b> _____			<b>Water Attractions:</b> <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: _____ <b>Fairgrounds Attractions:</b> <input type="checkbox"/> Rolling Thunder <input type="checkbox"/> Spindle Top <input type="checkbox"/> Lafitte's Fury <input type="checkbox"/> StratosFEAR <input type="checkbox"/> Screaming Eagles <input type="checkbox"/> Balloons <input type="checkbox"/> Swings <input type="checkbox"/> Twister <input type="checkbox"/> Planes	
<b>FIRST AID ACTIONS &amp; OBSERVATIONS</b>				
Transported Off-Site: YES / NO			Location:	
<b>Patient Signature:</b>			<b>Date:</b>	

## REFUSAL OF CARE

*By signing below, I acknowledge that **I am refusing medical treatment** for the injury described above. I understand that medical treatment was offered to me, and by declining, I accept full responsibility for seeking medical care on my own, if needed. I also acknowledge that I am responsible for any medical expenses incurred as a result of this injury.*

Patient Signature:	Date:
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