First Aid Incident Report

After completing this form, give it to the supervisor on duty.

SUPERVISOR ON DUTY:

1. **If the person is transported to a hospital, submit this information online (http://www.baylor.edu/risk_management/index.php?id=82246)**
2. **Put this hard copy in the SLC safe in a sealed envelope marked "Ben Robert."**

*** Name of Injured:** _____

*** Phone Number of Injured:** _____

*** Email address of injured:** _____

*** Date of injury:** _____

*** Time of injury:** _____

*** Location of Incident** (circle one)

Student Life Center: Fitness Center Rock Gym Pool Racquet Courts Track Outdoor courts

Marina Intramural Field #_____ Other _____

Equipment involved_____**Serial #**_____

Immediate Action Taken:

First Aid by_____

# of cold packs supplied_____

Other supplies provided_____

Sent to Health Center by_____

Method of Transportation to Treatment

_____Ambulance

_____ Private vehicle:

Driven by_____

****

____**Refused treatment:** I have been advised that I may have a medical condition which may require an examination by a doctor, and I refuse such medical care and or advice as has been rendered by the Department of Campus Recreation personnel **OR** I do not believe a medical emergency exists and I require no further assistance.

Signature:_____

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*** Give full details of how injury/accident occurred:**

_____

_____

_____

_____

_____

_____

*** What part of the body was injured?** _____

*** Were there any witnesses to the accident?** ____ **yes** ____**no**

*** If yes, please provide names, email addresses and phone number:**

_____

_____

_____

_____

_____

Report completed by _____ **Date** _____

and handed to supervisor: _____ **who will enter information online if the person was transported to a hospital.**