



Chehalem Park and Recreation District

Medical & First Aid Report

To be completed and turned in to immediate supervisor within 24 hours

Individual's Personal Information

Day/Date of Aid _____ Time _____ Department _____

Name of Individual _____ Age _____ Gender _____

Address _____ Phone _____ Email _____

Description of Medical or First Aid Event

Site & Location (Be specific) _____

Recommendations

- No recommendation ()
- Seek Medical Attention ()
- Go to Hospital ()
- EMS/911 Called ()
- Other ()

Released to

- Resumed Activity ()
- Self ()
- Parent/Guardian ()
- EMS/911 ()
- Other ()

Event description (what, where, how, why) - Please use bullet/point format _____

Describe condition of the individual (signs and symptoms) _____

Describe first aid administered and by whom _____

Follow up _____

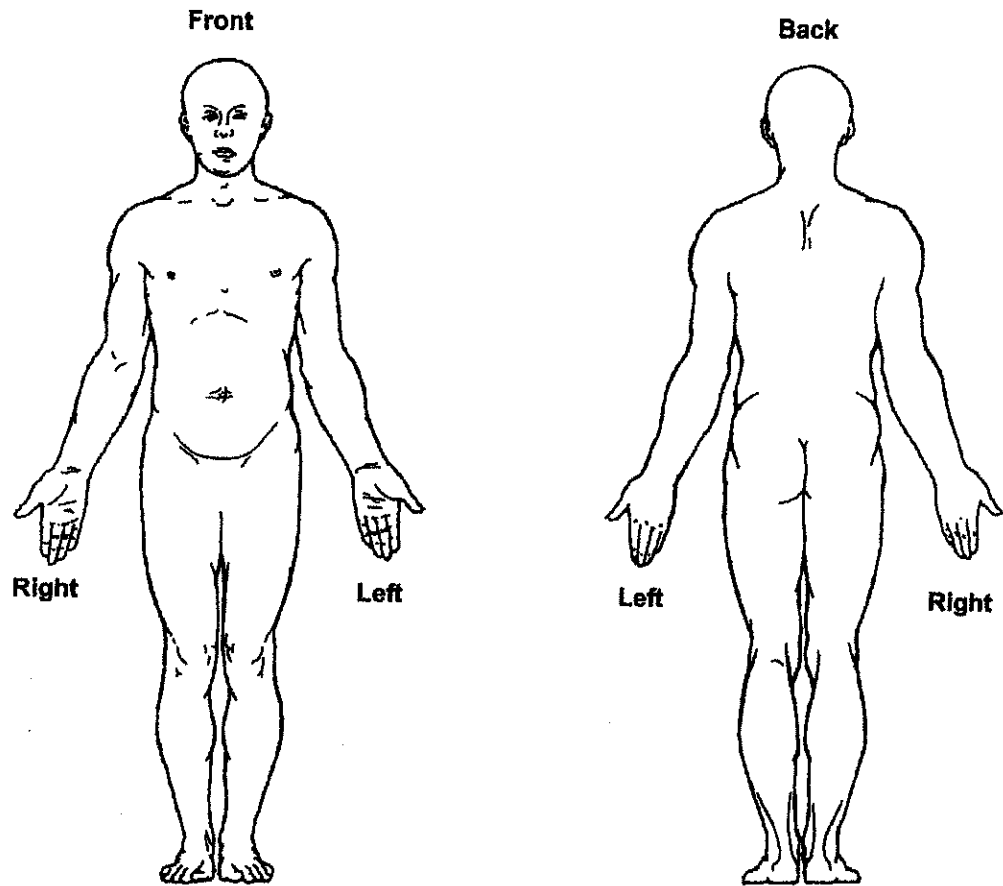
CPRD Personnel

Reporting CPRD Personnel _____ Department _____ Date _____
(Employee/Instructor/Coach/Volunteer)

Signature of Supervisor _____ Date _____

→
Please turn to back side to complete form

Please mark the area of injury or discomfort on the chart below.



Please use the space below to further describe the event or individual's condition if needed: _____

Additional Comments: _____

I certify, as attested by my signature below, that all information I have given is true and contains no false statements and/or misrepresentations.

Print *Individuals* Name: _____ Date: _____

Individual's Signature: _____ Parent/Guardian Signature: _____

Print Witness Name: _____ Witness Signature: _____

Date: _____ Phone: _____ Address: _____