

WEST MILFORD SOCCER CLUB
FIRST AID INCIDENT REPORT

Date: _____ Time: _____ First Aid Missing/ Found Person Other: _____

Name: _____ Male Female Age: _____

Home Address: _____ Phone: (_____)_____-_____

West Milford 07480 City _____ State _____ Zip _____

Guardian Name: _____

WEATHER

Weather conditions: Clear Cloudy Foggy Rainy Windy Other: _____

Field/Facility Conditions: _____

DESCRIBE INCIDENT:

Where it Happened (*Draw a simple diagram and label, include personnel, attach another piece of paper if necessary*):

FIRST AID

Type of Injury: Abrasion Fracture Cramping Hypothermia Heat Exhaustion Sprain Cut Sting: Allergic? Y N
 Other: _____

Area of Injury: Head Eye L R Neck Arm L R Hand L R Trunk Leg L R Foot L R Other

First Aid Given: (Put on Gloves!) Direct Pressure Bandaged Immobilized Gave ice pack
 Other: _____

ADVANCED EMERGENCY CARE

CPR Rescue Breathing Spinal Injury management

Obstructed Airway - Conscious unconscious - Abdominal Thrusts Baby-Back blows, Chest Thrusts

PROFESSIONAL HELP NEEDED: EMS Police Fire Dept. Search & Rescue Other: _____

Time called _____ Time arrived _____ Action taken: _____

Clean-Up: Infectious material bagged disinfected hands washed local disposal EMS disposal

RESULT: victim released victim examined by EMS victim released to parent victim to hospital

victim refused treatment victim / parent advised to seek further medical treatment _____

Other:

Status:

Last Name: _____

MISSING/ FOUND PERSON (USE ONLY IF THE CHILD/PERSON IS MISSING)

Time last seen: _____ Location last seen: _____ Direction of travel: _____

Who Reported: _____ Relation: _____

Description of missing person: _____ Clothing _____

Height: _____ Weight: _____ Build: _____ Hair color/style _____

Other: _____ Found – When: _____ Where: _____

By whom: _____ Called more help: When: _____ By whom: _____

Final Status: _____

Other incident:

Comments or Observations:

Were police called? No Yes Time called: _____ Time Arrived: _____

Action taken:

Signatures:

Signature of victim: _____

Signature of Guardian: _____

Name of Coach/Adult supervisor: _____ phone # (____) _____

Signature of Coach/Adult supervisor: _____

Witnesses:

Name

Address

Telephone

All forms must e submitted to the WMSC Board within 24 hours of the incident. No exceptions.