



Adopt a Trail Program First Aid Report Form

Name: _____ Phone Number: _____

Organization: _____ Contact Person: _____

Date and Time of Injury: _____

Date and Time Reported: _____

Description of Accident: _____

Please state all injuries – indicate left or right if applicable: _____

Did you receive First Aid? Yes No

If yes, First Aid Attendant's Name: _____

Treatment (Must be filled out by First Aid Attendant) _____

First Aid Attendant Signature: _____ Date: _____

Did you go to the clinic or the hospital? Yes No

If yes location: _____

Were there any witnesses? Yes No

If yes please list their names: _____

Signatures:

Injured Volunteer

Organizations Contact

Trails Coordinator