

National Aqua-Palace—REPORT
123 Wave Way Wpg MB
204-123-4567

Medical ___ Property Damage ___ Incident ___
 Date _____ Time _____

LOC ___ EMS ___ A ___ B ___ C ___ D ___ E ___ Shock ___

Name	Age	Gender
Address		
Phone	Guardian	

What happened. Include all details.

Report by:

Staff working:

Interview

Symptoms

Allergies

Medications

Past & Present Med Hx

Last Oral Intake

Event Summary

Vitals	T1:	T2:
LOC		
Breathing		
Pulse		
Skin		

