

MaxFlight Corporation

First-Aid Incident Report

Date: _____ Time: _____ Report Prepared By: _____

Name & Address (Injured) _____ Age: _____ Phone #: _____

_____ If under 18: **Name of Guardian:** _____

_____ **Relationship:** _____

_____ **Phone #:** _____

_____ Pre-existing Condition?: Yes No

Attendant Present (Name): _____

Description of Illness or Injury: (Use additional sheets if necessary)

Describe the event(s) that lead up to the incident.

List any treatment or medications given.

Additional Information or Comments:

Operator Signature: _____ Patron Signature: _____