

First Aid Report Form

The City of Coquitlam
Email: parkspark@coquitlam.ca
Phone: 604.927.6327
www.Coquitlam.ca

Name: _____ Phone #: _____

Organization: _____ Contact person: _____

Date and Time of Injury: _____ Date and Time of Reporting: _____

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 completed by First Aid Attendant)

First Aid Attendant's Signature: _____ Date: _____

Did you go to a doctor or hospital? yes no

If yes, give name and address:

Were there any witnesses? yes no

If yes, please list their name(s):

SIGNATURES:

Injured Volunteer

Organizations Contact

City Coordinator