

HUFF HILLS SKI PATROL / AREA OCCURANCE REPORT FORM

OCCURANCE DATE: _____ TIME: _____ Morn ___ Aft ___ Night ___

LOCATION	<input type="checkbox"/> SKIING <input type="checkbox"/> LIFT <input type="checkbox"/> PREMISE <input type="checkbox"/> TUBING <input type="checkbox"/> TERRAIN PARK.	DESCRIBE SPECIFIC LOCATION _____ _____ _____	TRAIL RATING <input type="checkbox"/> EASIER ○ <input type="checkbox"/> MORE DIFFICULT □ <input type="checkbox"/> MOST DIFFICULT ◆ <input type="checkbox"/> OTHER RATING			
INJURED PERSON	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: (____) _____ OCCUPATION: _____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SKIER <input type="checkbox"/> SNBRDR D.O.B.: _____ AGE: _____ HT.: _____ WT.: _____			
SKIING HISTORY	ABILITY <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> N/A	<input type="checkbox"/> LESSONS DURING INSTR. _____ <input type="checkbox"/> N/A	NUMBER OF TIMES ON PARTICULAR ... <input type="checkbox"/> TRAIL TODAY: _____ <input type="checkbox"/> LIFT PRIOR: _____ <input type="checkbox"/> OTHER: _____	EQUIPMENT REMOVED BY <input type="checkbox"/> FALL <input type="checkbox"/> INJURED <input type="checkbox"/> PATROL <input type="checkbox"/> OTHER: _____		
PATIENT HISTORY	<input type="checkbox"/> PRIOR INJURY/ILLNESS - DESCRIBE: _____ YEAR INJURED: _____ CORRECTIVE LENS NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO MEDS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT: _____ WHEN: _____ TICKET TYPE: _____ ALLERGIES/MEDIC ALERT - DESCRIBE: _____ GROUP NAME: _____ <input type="checkbox"/> N/A					
EQUIPMENT (SKI TYPE)	<input type="checkbox"/> ALPINE <input type="checkbox"/> NORDIC <input type="checkbox"/> SNOWBOARD <input type="checkbox"/> OTHER EQUIP.	<input type="checkbox"/> OWNED <input type="checkbox"/> AREA RENTAL <input type="checkbox"/> OTHER RENTAL <input type="checkbox"/> BORROWED	BINDING MAKE MODEL _____ SKI/BOARD # _____ BOOT # _____ SHOP NAME: _____	SETTINGS RIGHT- TOE: _____ HEEL: _____ LEFT- TOE: _____ HEEL: _____ <input type="checkbox"/> N/A		
DESCRIPTION OF OCCURRENCE (SKIERS WORD'S)	_____ _____ _____ THE ABOVE IS TRUE AND CORRECT: INJURED'S SIGNATURE: _____ PARENT/GUARDIAN, IF MINOR: _____					
PROBABLE INJURY	<input type="checkbox"/> FRACTURE <input type="checkbox"/> STRAIN/SPRAIN <input type="checkbox"/> ABRASION <input type="checkbox"/> FROSTBITE <input type="checkbox"/> CONCUSSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> LACERATION/PUNCTURE <input type="checkbox"/> BRUISE/CONTUSION <input type="checkbox"/> ILLNESS <input type="checkbox"/> FATALITY <input type="checkbox"/> OTHER: _____					
INJURY ZONE	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH <input type="checkbox"/> MULTIPLE	<input type="checkbox"/> UPPER LEG <input type="checkbox"/> KNEE <input type="checkbox"/> LOWER LEG <input type="checkbox"/> ANKLE <input type="checkbox"/> FOOT	<input type="checkbox"/> HIP <input type="checkbox"/> ABDOMEN <input type="checkbox"/> CHEST <input type="checkbox"/> BACK <input type="checkbox"/> NECK	<input type="checkbox"/> SHOULDER <input type="checkbox"/> ARM <input type="checkbox"/> WRIST <input type="checkbox"/> HAND <input type="checkbox"/> THUMB	<input type="checkbox"/> HEAD <input type="checkbox"/> FACE <input type="checkbox"/> EYE <input type="checkbox"/> NOSE <input type="checkbox"/> MOUTH	<input type="checkbox"/> TEETH <input type="checkbox"/> OTHER: _____
FIRST AID RENDERED	I REFUSE FIRST AID: INJURED SIGNATURE (PARENT/GUARDIAN, IF MINOR): _____ ON HILL: _____ AT FIRST AID STATION: _____					
PATROLLERS	AT SCENE: _____ TRANSPORTING: _____ AT FIRST AID STATION: _____					
TRANSPORT & DESTINATION	ARRIVED AT FIRST AID STATION BY: <input type="checkbox"/> PATROL/TOBOGGAN <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER: _____	LEFT FIRST AID STATION BY: <input type="checkbox"/> AMBULANCE <input type="checkbox"/> CAR/BUS <input type="checkbox"/> WALKING OUT	DESTINATION <input type="checkbox"/> HOME <input type="checkbox"/> LODGE <input type="checkbox"/> RETURN SKIING <input type="checkbox"/> MEDICAL FACILITY: _____			
SITE CONDITIONS	SURFACE AT SCENE: <input type="checkbox"/> POWDER <input type="checkbox"/> CORN <input type="checkbox"/> VARIABLE <input type="checkbox"/> PACKED POWDER <input type="checkbox"/> LOOSE GRAN. <input type="checkbox"/> FROZEN GRAN/HARD-PACKED	VISIBLTY <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOWING <input type="checkbox"/> OVERCAST <input type="checkbox"/> RAINING <input type="checkbox"/> FOG	TEMPERATURE <input type="checkbox"/> BELOW 0° F <input type="checkbox"/> 0° F - 32° F <input type="checkbox"/> ABOVE 32° F	WIND: <input type="checkbox"/> CALM <input type="checkbox"/> MOD. <input type="checkbox"/> HIGH		
WITNESSES <input type="checkbox"/> NONE KNOWN	NAME: _____ ADDRESS: _____ CITY: _____		PHONE: (____) _____ STATE: _____ ZIP: _____			
	NAME: _____ ADDRESS: _____ CITY: _____		PHONE: (____) _____ STATE: _____ ZIP: _____			

SIGNATURE OF INDIVIDUAL COMPLETING FORM: _____ DATE FORM COMPLETED: _____
 PRINT NAME: _____

HUFF HILLS SKI PATROL / AREA – Occurrence Medical Report

DATE:	TIME: :	<input type="checkbox"/> AM	<input type="checkbox"/> PM	PATROLLERS (first & last names)
Patient Information				#1
Chief complaint:				#2
				#3
				#4
				#5
				#6
Occurrence Information		Grid Location :		
Level of consciousness (AVPU)	<input type="checkbox"/> Alert x3	<input type="checkbox"/> Verbal	<input type="checkbox"/> Pain	<input type="checkbox"/> Unresponsive
First Aid Rendered <i>on Scene</i>:	<input type="checkbox"/> Transport	<input type="checkbox"/> Ski Patrol Toboggan	<input type="checkbox"/> Self	<input type="checkbox"/> Other:
Describe the incident in the patient's own words "Quotes":				
Witness Statement:				
Witness Name:				
SAMPLE	Signs/Symptoms:			
Allergies:				
Medications:				
Past pertinent history:				
Last meal:				
Events:				
Vitals		CMS Checks		<input type="checkbox"/> Motor
				<input type="checkbox"/> Sensory
Pulse/min:		Respirations/min:		
B/P:		O2 Sat:	Oxygen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Rendered outside the Aid Room/ on Hill:				
Transfer of Care from outside to Inside: (Yes / No) Name of provider on Hill:				
First Aid Rendered <i>in Aid room</i>:				
Transport and Destination:				
<input type="checkbox"/> Walked out/Returned to Skiing	<input type="checkbox"/> Ambulance	Time:	<input type="checkbox"/> Medical Facility	<input type="checkbox"/> Home
Injured Person Signature				
<input type="checkbox"/> I am refusing further treatment by Huff Hills Ski Patrol. I understand that in doing so, I assume responsibility for my own or my child's own medical treatment. I have been advised to seek the attention of a physician. I release Huff Hills Ski Patrol/Huff Hills-Resort and Management from any liability from my own or my child's own refusal of medical treatment or transport.				
<input type="checkbox"/> I am signing as guardian to a minor				
Patient/Guardian		Name:	Sign:	
Patroller		Name:	Sign:	
Patrol Hill Captain Signature		Name:	Sign:	