



## Illness/Injury Report Form

Date: \_\_\_\_\_

Status:            Guest                                  Contractor                                  Employee

### DETAILS OF ILL OR INJURED PERSON

Name: \_\_\_\_\_

Ph: \_\_\_\_\_ Alt Ph: \_\_\_\_\_

Address: \_\_\_\_\_  
                        Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Retreat Organization Group: \_\_\_\_\_

Organization Contact Name \_\_\_\_\_ Ph: \_\_\_\_\_

### DETAILS OF ILLNESS/INJURY

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Nature of injury: (eg burn, cut, sprain) \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Location on body: \_\_\_\_\_

Describe what happened:

### TREATMENT ADMINISTERED

First Aid given:            Yes            No            Emergency (Police, Fire, Ambulance)

First Aider Name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Referred to: \_\_\_\_\_