Date _____ Time _____ Accident No. _____

☐ Ski School ☐ Lifts ☐ Collision

☐ Refusal ☐ Witness ☐ Other _____

**PATIENT INFORMATION**

Patient Name _____ ☐ see incident Report

Address _____ DOB _____

City _____ State _____ Zip Code _____

Phone No. _____ Occupation _____

**REFUSAL**

Probable Injury _____

I hereby knowingly refuse first aid that was offered

and explained to me by the Ski Patroller _____

**RELATIONSHIP TO PATIENT**

☐ Employee ☐ Resort Guest

**EMPLOYEE**

Name _____ Department _____

**GUEST INFORMATION**

☐ Witness ☐ Collision ☐ Other _____

Patient Name _____ ☐ see incident Report

Address _____ DOB _____

City _____ State _____ Zip Code _____

Phone No. _____ Occupation _____

Did you witness the incident? ☐ Yes ☐ No _____

**LOCATION OF INCIDENT**

_____

**CONDITIONS**

_____

**DESCRIPTION OF INCIDENT**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of individual completing form _____ Date _____

☐ Continued