**FIRST RESPONDERS, Inc.**

**Minor Medical Report**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint: normal HA  upset stomach/indigestion  fever  backache  menstrual cramps

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PMH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment:

|  |  |
| --- | --- |
| Skin: warm dry pink cool flushed moist pale diaphoretic  LOC: A & O x 4 Alcohol Related YES NO | Time: \_\_\_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  P: \_\_\_\_\_\_ R: \_\_\_\_\_\_ T: \_\_\_\_\_\_ Accucheck: \_\_\_\_\_\_ |

**(Checked boxes indicate areas assessed. Abnormal assessments detailed below)**

Grips  Pushes/Pulls  Pupils  Speech  Gait  ROM  Abd  Bowel Sounds  Breath Sounds

Nausea/Vomiting  Diarrhea  Bowel Sounds  Breath sounds  LMP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abnormal findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Disposition: Back to seat Back to work Back to event Hospital via POV Home POV Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION TO TREAT/**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby authorize ***First Responders, Inc*.** to perform the necessary and appropriate treatment and care within the guidelines of the nursing scope of practice and the accepted protocols and standards of care for the injury/ illness I or this minor for which I am the legal guardian. I further authorize ***First Responders, Inc.*** for the release of information about myself or the minor and/or my injury/illness to the hosts of the event I or the minor am attending. I acknowledge that such information may contain personal demographic information collected by ***First Responders, Inc.*** and/or information related to the illness/injury I or the minor sustained while in attendance of the event as well as information regarding any treatment that was afforded to me or the minor by the staff of ***First Responders, Inc****.* Further, ***First Responders, Inc.*** is released and discharged from any liability, and the undersigned will hold ***First Responders, Inc.***harmless for complying with this “Release of Information.” This authorization expires 60 days from the date below and covers only treatment rendered by ***First Responders, Inc.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient or legally authorized representative Relationship to patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***First Responders, Inc* Staff** Date