



Emergency First Response[®] Responders in Action Report Form



Responders in Action

When you use your skills as an Emergency Responder to care for an injured or ill person, we'd like to hear about it. The incident need not be dramatic, involve a life-threatening condition or necessarily have a favorable outcome. Sharing your story motivates and encourages others to use their skills and provide assistance in emergency situations. This information is also useful to monitor and gauge the effectiveness of Emergency First Response training and assist in future program development.

Please Type or Print Clearly

Name _____
Last Name First Name Middle Initial

Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone (_____) _____ Email Address _____

Date of your last Emergency First Response Certification/Recertification Course _____
(Day/Month/Year)

Name of your Emergency First Response Instructor/Trainer _____ Instructor No. _____

Description of Events

Location of Incident _____

_____ Date of Incident _____
(Day/Month/Year)

On the back of this form, or on a separate sheet of paper, please describe the incident, including the nature of the injury or illness, the skills used to render aid, and if possible, information on the outcome. Please type or print neatly and submit your report to your local Emergency First Response office.

- By marking this box I understand I am granting Emergency First Response Corp. permission to reprint the details of this incident for the benefit of other Responders. I understand details that may identify the patient will be omitted but my name as an Emergency Responder may be used.

Signature

Date (Month/Day/Year)

Visit emergencyfirstresponse.com for the contact information of your nearest Emergency First Response office.