

Chirurgeon Event Report

Event _____

Event Date _____ Hosting Unit _____

Location _____

Marshall In Charge _____

Chirurgeon In Charge _____

Other Warranted Chirurgeons Assisting _____

Apprentice Medics Observed _____

(Please attach Apprentice Evaluation forms)

Really, Absolutely Nothing Happened _____

Well, Almost Nothing Happened: _____

Fighting Related? Y N

Gave out some bandaids Y N

Gave out some ice Y N

Fluids and rest Y N

Ace bandage Y N

Bumps and scrapes Y N

TLC Y N

Sunscreen Y N

Sunburn lotion Y N

Other Y N

- See attached for significant injuries

Weather and Terrain Conditions _____

Recommendations _____

Comments _____

C-I-C Sig. (Legal Name) _____

Address _____

Mail to Kingdom Chirurgeon

Pai Aine Guzinski

150 Palmer Ave.

Kenmore NY 14217

716-877-1099