

Facility/Location accident occurred: _____

Date: _____ Time _____ AM / PM

Name of injured: _____ Sex: M / F _____ Age _____

Address: _____ Phone _____

City/State/Zip: _____ Alt. Phone _____



TYPE OF INJURY

- _____ abrasion
- _____ bleeding
- _____ bruise
- _____ concussion
- _____ heat/cold related illness
- _____ distressed swimmer
- _____ no apparent injury, but complained of pain.
- _____ other (specify) _____

- _____ faint
- _____ cramp
- _____ fracture
- _____ choking
- _____ dislocation
- _____ laceration

PART OF BODY INJURED

- FRONT
- BACK

LOCATION WHERE INJURY OCCURRED (BE SPECIFIC):

BRIEF DESCRIPTION OF INJURY: (use back side if needed):

SEE REVERSE

WHAT PIECE OF EQUIPMENT, IF ANY, WAS INVOLVED IN THE ACCIDENT/RESCUE? _____

ACTIVITY ENGAGED IN AT TIME OF THE ACCIDENT: _____

TYPE OF AID ADMINISTERED:

- _____ bandage
- _____ compress
- _____ splint
- _____ ice pack
- _____ other (specify) _____

- _____ Artificial R.
- _____ Heimlich M.
- _____ spinal board
- _____ treat for shock
- _____ rescue

CAUSE OF ACCIDENT: _____

WAS A RULE BROKEN? Y / N If yes, then explain infraction

WAS THERE SUPERVISION OF INJURED PERSON? Y / N

Name & Relation & Age: _____

WERE PARENTS NOTIFIED? Y / N _____ If yes, date/time: _____

WAS 911 CALLED? Y / N _____

WERE THE POLICE NOTIFIED? Y / N _____

STATUS OF INJURED PERSON:

- _____ released to care of parent/guardian
- _____ went back to activity
- _____ advised to go home
- _____ advised to seek future treatment
- _____ other: _____

Comment (include #'s called): _____

NOTES: _____

*Witness Names on side 2 of form.



Aid Administered By:

Name: _____

Position: _____

Date: _____

Report Written By:

Name: _____

Position: _____

Date: _____

Reviewed By:

Name: _____

Position: _____

Date: _____

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WITNESS NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
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Brief Description of Injury:

Additional Comments:
