



## Winona Family YMCA Member/Guest/Program Participant Accident Report

**Please Note:** Return completed form to the Department Supervisor.

**Department Supervisor:** Send report to your supervising director.

Employee Instructions:

1. **When in doubt call 911.**
2. All injuries (minor or major) must be reported on this report at the time of occurrence.

YMCA Branch: Winona YMCA		Child Care	Camp	Other:
Date and Time of Accident:			Exact location of accident:	
Member/Guest First & Last Name:				
Member/Guest Address:			Phone Number: (      )	
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Member <input type="checkbox"/> Guest <input type="checkbox"/> Program Participant	
Name of Parent/Guardian:				
Parent/Guardian Address:				
Parent/Guardian/Spouse/Emergency Contact Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Person <input type="checkbox"/> By Phone				
Who notified:		How soon after accident?		
Accident Description. Include the activity the person was engaged in when the accident occurred <b>(Write on back for more room)</b>				
Nature and extent of injury				
What object or equipment was involved in the accident, if any?				
Was first aid given: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?				
Type of first aid given:				
What if any first aid supplies were used:				
Is the member/guest going to seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, hospital or clinic name?	
Name of any witnesses (name, address, phone):				
Person who completed Report: (please <u>print and sign</u> )				Date and Time
Signature of Supervisor reviewing Report:				Date and Time
Signature of person involved: parent or guardian, if a minor				Date and Time

Supervisor, CEO and Business Director should be notified of incident when emergency is resolved if not immediately available.