#### Winona Family YMCAymca_blk_rgb_r

Submit completed form to the Department Supervisor.

Department Supervisor, submit form to CEO or Senior Director of Operations.

#### Member/Guest/Program Participant

#### Accident Report

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 Location: ❑ Winona Family YMCA ❑ Camp ❑ Other: |
| Date and Time of Accident: | Exact location of accident:(If this occurred in pool or locker room fill out back page) |
| Member/Guest First & Last Name:  |
| Member/Guest Address:  | Phone Number: ( )  |
| Age:  | Sex: ❑ Male ❑ Female |  ❑ Member ❑ Guest ❑ Program Participant |
| Name of Parent/Guardian:  |
| Parent/Guardian Address:  |
| Parent/Guardian/Spouse/Emergency Contact Notified: ❑ Yes ❑ No ❑ In Person ❑ By PhoneWho notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How soon after the accident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Accident Description. Include the activity the person was engaged in when the accident occurred (Write on back if you need more room) |
| Incident that occurred (including type of illness or injury) |
| What object or equipment was involved in the accident, if any?  |
| Actions taken and equipment used: |
| Was first aid given: ❑ Yes ❑ No If yes, by whom? Type of first aid given: What, if any, first aid supplies were used: |
| Outcome of incident: |
| Is the member/guest going to seek medical attention? ❑ Yes ❑ No | If yes, hospital or clinic name? |
| Name of any witnesses (name, address, phone): |
| Person who completed report: (please print and sign) Date and Time |
| Signature of supervisor reviewing report: Date and Time |
| Signature of parent or guardian, if a minor: Date and Time |

**If accident occurred in pool area:**

|  |
| --- |
| Name of Lifeguard on duty: |
| Reason rescue was needed: |

Notes: (IF NEEDED)

Time of Shocks:

Time CPR Started:

Blood Pressure:

Pulse:

**S**IGNS/SYMPTOMS:

**A**LLERGIES:

**M**EDICATIONS:

**P**AST MEDICAL HISTORY:

**L**AST ORAL INTAKE:

**E**VENTS LEADING TO INJURY: