#### 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.

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| 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 Phone  Who 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:**

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| 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: