



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

Submit completed form to the  
Department Supervisor.

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

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: <input type="checkbox"/> Winona Family YMCA <input type="checkbox"/> Camp <input type="checkbox"/> Other:		Exact location of accident:	
Date and Time 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: <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 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: <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:			
Outcome of incident:			
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 injured person OR parent/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:

**SIGNS/SYMPTOMS:**

**ALLERGIES:**

**MEDICATIONS:**

**PAST MEDICAL HISTORY:**

**LAST ORAL INTAKE:**

**EVENTS LEADING TO INJURY:**