



Foothills Area YMCA

Incident/Accident Report

Incident Report

Site Location: _____ Event/Program (If Applicable): _____

Name of person completing report: _____ Date: _____

Primary patron involved in incident: _____ Phone Number: _____

Patron's Age: _____ Patron's Gender: ☐ M ☐ F Patron's Status: ☐ Member ☐ Guest ☐ Participant ☐ Staff

Additional Patron's Involved:

Patron 2 Name: _____ Age: _____ Gender: ☐ M ☐ F Phone #: _____

Status: ☐ M ☐ G ☐ P ☐ S

Patron 3 Name: _____ Age: _____ Gender: ☐ M ☐ F Phone #: _____

Status: ☐ M ☐ G ☐ P ☐ S

Incident Description:

Incident Date: _____ Incident Time: _____ ☐ AM ☐ PM Exact Location: _____

Incident Results: ☐ Separation ☐ Removal of area ☐ Removal of property ☐ Authorities called ☐ Other

Parent Information (If Needed): Parents Contacted Via: ☐ In Person ☐ Phone ☐ Email

Primary Patron Parent: _____ Phone #: _____ Date/Time Reached: _____

Patron 2 Parent: _____ Phone #: _____ Date/Time Reached: _____

Patron 3 Parent: _____ Phone #: _____ Date/Time Reached: _____

Witnesses:

Witness 1: _____ Age: _____ Phone #: _____ Status: ☐ M ☐ G ☐ P ☐ S

Best time to contact: _____

Witness 2: _____ Age: _____ Phone #: _____ Status: ☐ M ☐ G ☐ P ☐ S

Best time to contact: _____

Comments:

Reporter Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Site Director Signature: _____ Date: _____



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Incident/Accident Report

Accident Report

Site Location: _____ Event/Program (If Applicable): _____

Name of person completing report: _____ Date: _____

Injured Patron's Name: _____ Phone Number: _____

Patron's Age: _____ Patron's Gender: ☐ M ☐ F Patron's Status: ☐ Member ☐ Guest ☐ Participant ☐ Staff

Accident Description (How it happened):

Accident Date: _____ Accident Time: _____ ☐ AM ☐ PM Exact Location: _____

Medical Information:

Fully describe patron's condition and first aid given: _____

First Aid Administered? By Whom?: _____ ☐ Declined ☐ Yes ☐ No

Blood-Borne Exposure? To Whom?: _____ ☐ Yes ☐ No

Were emergency services called? If yes, who called?: _____ ☐ Yes ☐ No

Further Medical Attention? If yes, where?: _____ ☐ Declined ☐ Yes ☐ No

Was the parent/guardian/emergency contacted notified? If yes, when?: _____ ☐ Yes ☐ No

Who was called and what was the outcome?: _____

Whom did the injured patron leave the site with?: _____

Source of injury: ☐ Equipment ☐ Object ☐ Self ☐ Person ☐ Object ☐ Building ☐ Other: _____

Apparent injury: ☐ Aquatic Distress ☐ Abrasion/Bruise ☐ Cut/Puncture ☐ Fracture/Break ☐ Dizziness/Unconscious

☐ Dislocation ☐ Reaction ☐ Hemorrhage ☐ Bite/Sting ☐ Other: _____

Body Part/Extremity: _____ ☐ Left ☐ Right ☐ Upper ☐ Lower

Parent Information (If Needed): Parents Contacted Via: ☐ In Person ☐ Phone ☐ Email

Injured Patron's Parent: _____ Phone #: _____ Date/Time Reached: _____

Witnesses:

Witness: _____ Age: _____ Phone #: _____ Status: ☐ M ☐ G ☐ P ☐ S

Best time to contact: _____

Reporter Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Site Director Signature: _____ Date: _____