



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-Bourne 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: _____