

POOL ACCIDENT REPORT

DATE: _____ DAY: _____

NAME: _____ GENDER: _____

ADDRESS: _____

PHONE: _____ AGE: _____

EVALUATION OF INJURIES OR COMPLAINT

WOUNDS					ILLNESS					
	Skull		Hand – R		Foot – R		Shock		Headache	
	Back		Hand – L		Foot – L		Fever		Diabetic	
	Abdomen		Arm – R		Leg – R		Hemorrhage		Stroke	
	Face		Arm – L		Leg – L		Convulsion		Sprains	
	Neck		Chest		Bee Sting		Nausea		Nose Bleed	
	Other:						Other:			

AID ADMINISTERED

Bandages, Band-aid		Airway Control
Cold Compress		Oxygen
Taken to ER/Hospital		Mouth to Mouth
REFUSED ER/Hospital		

SIGNATURE: _____

SIGNATURE OF ATTENDANT ADMINISTERING FIRST AID: _____

DESCRIPTION OF ACCIDENT

AREA			
Diving Well		Patio	Parking Lot
Office		Court Area	Deck
Bathhouse		Other:	

PROCEDURE OF RESCUE

Swimming		Personal Assistance	Extension
Rescue Devices Used:			
Other:			

DESCRIBE THE ACCIDENT

CHECK WITH YOUR STATE BATHING CODE TO SEE IF THEY REQUIRE USE OF THEIR OWN FORM