

INCIDENT REPORT

Date of Incident: ____/____/____	Time: AM____ PM____
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FACILITY INFORMATION	
Pool Name:	Phone #: ()
Address (<i>City, State, Zip Code</i>):	

INJURED PARTY INFORMATION		
Name:		Phone #: ()
Address (<i>City, State, Zip Code</i>):		
Age:	Gender:	Parent/Guardian (<i>if under 18</i>):
Is the injured party a Member or Guest? (<i>circle one</i>) If injured party is a Guest, provide name of accompanying Member:		

INCIDENT INFORMATION	
Location of Incident (<i>Pool, Diving Board, Playground, etc.</i>):	
Description of the Incident: _____ _____	
Did an injury occur? Yes____ No____	If yes, specify type of injury and to what body part(s):
In what activity was the injured person engaged when the incident occurred?	
Was injury cause by another person? Yes____ No____	If yes, provide person's name, address and phone number:
Was 911 called? Yes____ No____	If yes, was the injured party transported to the hospital? Yes____ No____
If yes, what is the name of the hospital?	Did the injured party refuse care? Yes____ No____
Describe in detail first aid given: _____ _____	

LIFEGUARD/PERSON(S) WHO PROVIDED CARE		
Name:	Home Phone #: ()	Cell Phone #: ()
Home Address (<i>City, State, Zip Code</i>):		
Additional Guards/Employees on Duty (<i>names</i>):		

WITNESS INFORMATION	
Witnesses? Yes___ No___	If yes, Witness #1 (<i>Name & Phone</i>):
Witness #2 (<i>Name & Phone</i>):	
Witness Statement: _____ _____	

SIGNATURES		
Person Who Provided Care:		
Name (<i>print</i>): _____	Signature: _____	Date: ____/____/____
Supervisor:		
Name (<i>print</i>): _____	Signature: _____	Date: ____/____/____

Please fax or email this form to Diana McGregor at the Swim Club Insurance Program
Fax: 877-543-5098
dmcgregor@widerman.com

