



ACCIDENT/INCIDENT REPORTING FORM FOR YMCA OF THE FOX CITIES

(Members & Guests Only)

Branch _____

Injured Person Name _____ **Member or Guest** Phone _____

Complete Mailing Address _____

Parent/Guardian Name _____ Phone _____

Incident Date _____ Time _____ AM / PM Is there a video of the incident? **YES / NO**
Should the video be saved? **YES / NO**

General Information

Describe exactly what happened including comments made by injured person.

Did a condition of the premise factor into the accident/incident? (ie: wet floor, obstruction, uneven surface, etc.) **YES / NO** If YES, please describe in detail (take photo and attach to form):

Witnesses: Name _____ Phone _____ **Staff / Member / Guest**

Witness Description of Incident _____

Medical Information

Fully describe the injured party's condition and any first aid given _____

First aid administered? **Yes / No / Declined** By whom? _____

Blood-borne exposures? **Yes / No** To whom? _____

Further medical attention? **Yes / No / Declined**
If so, where and by whom? _____

Was parent/guardian/emergency contact notified? **Yes / No**
If so, when? _____ Who was called and what was the outcome? _____

With whom did the injured party leave the site? _____

Follow-Up

Was there follow up contact? **Yes / No** By Whom: _____ Date: _____
Detail of call: _____

Who Completed this Report _____ Date _____

Supervisor Reviewing this Report _____ Date _____

Executive Director Reviewing this Report _____ Date _____

Sent to Chief Financial Officer? **Yes / No**