Naperville Swim Conference Accident/Incident Report

Facility/Home:
Ol-Tulla Manage
Child's Name: Age:
Date & Time of Accident/Incident:
Place of Accident/Incident:
Describe Accident/Incident:
Describe Nature of Injury:
Boothise Hatare of Highly.
Witness(es) to Accident/Incident:
What Action Was Taken?
Was Parent/Guardian Contacted?
Time?
How?
TIOW:
Other Persons Contacted:
Describe Medical Treatment/First Aid:
Describe Medical Treatment/Tirst Aid.
Signature of Staff Completing Form Date/Time
Signature of Director/Person in Charge Date/Time
Signature of Derent/Legal Cuardian Date/Time
Signature of Parent/Legal Guardian Date/Time