

POOL ACCIDENT FORM

INSTRUCTIONS:

1. Complete within 24 hours of notification of any serious illness or accident which:
 - a. Results in death
 - b. Requires resuscitation
 - c. Requires admission to a hospital for more than 48 hours.
2. Only permanent staff personnel are to complete this form.
3. Use back of form if additional space is needed in responding to a question.
4. Attach names and addresses of witnesses on a separate sheet.
5. Upon completion forward to Health Services.

IDENTIFYING INFORMATION

Name of School:	Address of School:	City, State, Zip Code:	School Phone #:
Name of Injured or Deceased:	Address:	Age:	Sex:
Name of Parent/Guardian:		Address:	Phone #:

TREATMENT

Type of illness or Injury:	Date and Time of Incident:	Treatment: <input type="checkbox"/> Provided at Site <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital
Name of person Providing Treatment:	Type of Emergency Transportation Used:	Time of Treatment:
Exact Location of Accident:	Was proper safety and marking readily accessible?	
Equipment used during incident:		

SUPERVISION

Name of Person in charge at time of incident:	Title:	Qualifications:
Number of supervisory personnel on duty at time of incident:	Did facility meet supervision requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Circumstances surrounding incident and/or activity of injured at time of accident:		
Recommendations to prevent recurrence (if any):		
How was information obtained?		

Signature of Person Completing Form

Date