

# Poseidon Lifesaving Club

## Accident Incident Form

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### 1. Details of the person involved in the accident

- a. Name: \_\_\_\_\_
- b. Age: \_\_\_\_\_
- c. Swim Group/Day: \_\_\_\_\_
- d. Parent/Guardian Name: \_\_\_\_\_
- e. Parent/Guardian Phone Number: \_\_\_\_\_

### 2. Description of accident

- a) Date of accident: \_\_\_\_\_
- b) Time of accident: \_\_\_\_\_
- c) Place where accident occurred: \_\_\_\_\_
- d) Please provide a brief summary of the accident (for example, details of how the accident occurred with cause if known; details of any injury suffered; details of any treatment provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- e) Details of witnesses (including name(s) and contact details):

\_\_\_\_\_

\_\_\_\_\_

### 3. Details of the person filling in the report

- a) Name: \_\_\_\_\_
- b) Age: \_\_\_\_\_
- c) Position: \_\_\_\_\_
- d) Phone Number: \_\_\_\_\_
- e) Parent/Guardian Phone Number: \_\_\_\_\_