

EAST BAY SWIM LEAGUE INJURY REPORT

Swim Team Name _____

Address of Swimming Pool _____

City, CA Zip Code _____

TO BE COMPLETED BY SENIOR COACH ON STAFF AT TIME OF INJURY

Date: _____

Time: _____

PERSONAL DATA – INJURED PARTY

NAME _____

ADDRESS (Street & Number) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

NAME OF FAMILY MEMBER CONTACTED _____

PHONE NUMBER OF FAMILY MEMBER CONTACTED (if different from above)

Where did the injury occur? (i.e. in pool, pool deck, bathroom)

What happened that lead to the injury? (based on injured person’s account)

Description of the injury:

Describe the Steps and the FIRST AID that was delivered to the injured person by the Coaching staff:

PLEASE TURN OVER DOCUMENT AND CONTINUE WITH REPORT

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Was 911 Called? (circle answer) YES NO

What did 911 recommend?

Were paramedics called? (circle one) YES NO

If so, by whom?

Was the Fire Department Called? (circle one) YES NO

If so, by whom?

Was the Ambulance Called? (circle one) YES NO

If so, by whom?

DID THE INJURED PERSON REFUSE TREATMENT PROVIDED BY THE COACHING STAFF, PARAMEDICS OR THE FIRE DEPARTMENT? (circle one) YES NO

WITH WHOM DID THE INJURED PERSON LEAVE THE POOL AFTER TREATMENT WAS PROVIDED? _____

COULD THE INJURED PERSON WALK INDEPENDENTLY UPON LEAVING THE POOL? (circle one) YES NO TAKEN OUT ON STRETCHER

WEATHER CONDITIONS:

Wind direction _____ Light Winds _____ Moderate Winds _____
Strong Winds _____ Rain _____ Lighting _____
Cloudy _____ Sunny _____ Other _____

NAMES OF COACHES ON DUTY AT THE TIME OF THE INJURY _____

NAME OF RESPONDER _____ PHONE # _____

(person who delivered first aid)

SIGNATURE OF RESPONDER _____

RESPONDER'S FULL ADDRESS _____

RELATION OF RESPONDER TO INJURED PERSON _____

EAST BAY SWIM LEAGUE INJURY REPORT

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EYE WITNESS REPORT

NAME OF FIRST WITNESS _____ **PHONE#:** _____

WITNESS FULL ADDRESS _____

RELATION OF WITNESS TO INJURED SWIMMER _____

DATE OF INJURY _____ **TIME OF INJURY** _____

**DESCRIPTION OF WITNESS
OBSERVATIONS** _____

SIGNATURE OF FIRST WITNESS _____ **date** _____

If this report was filled out by someone else besides the witness please sign below:

Name: _____ **Signature:** _____

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EYE WITNESS REPORT

NAME OF SECOND WITNESS _____ PHONE#: _____

WITNESS FULL ADDRESS _____

RELATION OF WITNESS TO INJURED SWIMMER _____

DATE OF INJURY _____ TIME OF INJURY _____

COMMENTS OF SECOND WITNESS _____

SIGNATURE OF SECOND WITNESS _____ date _____

If this report was filled out by someone else besides the witness please sign below:

Name: _____ Signature: _____

EAST BAY SWIM LEAGUE INJURY REPORT

Swim Team Name _____

Address of Swimming Pool _____

City, CA Zip Code _____

EYE WITNESS REPORT

NAME OF THIRD WITNESS _____ **PHONE#:** _____

WITNESS FULL ADDRESS _____

RELATION OF WITNESS TO INJURED SWIMMER _____

DATE OF INJURY _____ **TIME OF INJURY** _____

COMMENTS OF THIRD WITNESS _____

SIGNATURE OF THIRD WITNESS _____ **date** _____

If this report was filled out by someone else besides the witness please sign below:

Name: _____ **Signature:** _____