The Saratoga Lake Sailing Club 163 Manning Road, Ballston Spa, NY 12020

Accident Report Form (REV. 6/15/2018)

Date of Report ____/___/

PATIENT INFORMATION

| LAST NAME: | | FIRST NAME: | | |
|---------------------------|-----------------|-------------|--------|--|
| STREET ADDRESS: | | CITY: | | |
| POSTAL CODE: | | PHONE: () | | |
| E-MAIL : | | AGE : | | |
| SEX:MF | HEIGHT: WEIGHT: | | DOB:// | |
| KNOWN MEDICAL CONDITIONS/ | ALLERGIES: | | | |

INCIDENT INFORMATION

| DATE & TIME OF INCIDENT: | | TIME OF FIRST | TIME OF MEDICAL | | | | |
|---|--------------------|---------------------------------|-------------------------------|--|--|--|--|
| | | INTERVENTION: | SUPPORT ARRIVAL: | | | | |
| / / / | AM | AM | AM | | | | |
| | PM | PM | PM | | | | |
| | | | | | | | |
| CHARGE PERSON-DESCRIBE THE | INCIDENT | What took place, where it too | ok place, what were the signs | | | | |
| and symptoms of the patient? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PATIENT-DESCRIBE THE INCIDEN | T: What too | k place, where it took place, w | hat were the signs and | | | | |
| symptoms of the patient? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EVENT & CONDITIONS, What was the | a arrant dunin | a which the incident to all all | a lagation of insident | | | | |
| EVENT & CONDITIONS: What was the | e event durin | ig which the incident took plac | e, location of incident, | | | | |
| surface quality, light, weather etc.? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ACTIONS TAKEN/INTERVENTION: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| After treatment, the patient was: | | | | | | | |
| | | | | | | | |
| Sent home Sent to hospital/a c | linic 🔽 | Returned to activity | | | | | |
| (over) | | | | | | | |

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Accident Report Form (p.2) (REV. 6/15/2018)

CHARGE PERSON INFORMATION

| LAST NAME: | FIRST NAME: | | |
|--|-------------|--|--|
| STREET ADDRESS: | CITY: | | |
| POSTAL CODE: | | | |
| POSTAL CODE: | PHONE: () | | |
| E-MAIL: | AGE: | | |
| | | | |
| ROLE (Coach, assistant, parent, official, bystander, therapist): | | | |

WITNESS INFORMATION (someone who observed the incident and the response, not the charge person)

| LAST NAME: | FIRST NAME: |
|-----------------|-------------|
| STREET ADDRESS: | CITY: |
| POSTAL CODE: | PHONE: () |
| E-MAIL: | AGE: |

OTHER COMMENTS OR REMARKS

| L | | | |
|---|--|--|--|

FORM COMPLETED BY:

PRINT NAME

SIGNATURE

DATE