



Incident Report

<input type="radio"/> Injury	<input type="radio"/> Behavior	<input type="radio"/> Other
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Location:
Coach/Coaches:
Name of Swimmer:

Situation Details

Date:	Time:	Location:
Reported by:		
911/EMS Called - <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description:		
If Behavior > Discipline Action needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe:		
If injury > First Aid Given: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe:		
Witness(es): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Names:		

Follow up action to be taken after incident. Please check and date when completed.	
<input type="radio"/> Office informed	Date: _____
<input type="radio"/> Head Coach Informed	Date: _____
<input type="radio"/> Facility notified if needed	Date: _____
<input type="radio"/> Parents notified	Date: _____

NYAC Staff Signature: _____ **Date:** _____