PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

Risk Management Services

INCIDENT REPORTING FORM FOR YMCAS

Association _____ **Branch** _____ **Off-Site Facility** _____

Injured Person _____ **Address** _____
street *city* *state* *zip*

Parent/Guardian _____ Address _____ Phone _____ _____
day *evening*

Incident Date _____ Gender Age_____ elementary ☐ young adult ☐ Status member ☐

Female ☐ nursery ☐ middle school ☐ adult ☐ employee ☐ guest ☐

Time _____ a.m. ☐ p.m. ☐ Male ☐ preschool ☐ high school ☐ senior ☐ participant ☐ other ☐

General Information

Describe exactly what happened: _____

_____

_____

_____

Medical Information

Fully describe the injured party's condition and any first aid given.

_____ First aid administered? Yes ☐ No ☐

_____ By whom: _____

_____ Blood-borne exposures? Yes ☐ No ☐

_____ To whom: _____

Further medical attention? Yes ☐ No ☐ Declined ☐ If so, where and by whom: _____

Was parent/guardian/emergency contact notified? Yes ☐ No ☐ If so, when? _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site? _____

Witnesses

Check box to indicate staff (s), participant (p), or volunteer (v); indicate age for youthful witness

s	p	v	Name	Age	Phone	Address	City	State	Zip
☐	☐	☐							
☐	☐	☐							
☐	☐	☐							

Incident Management

Waiver Format ☐ member ☐ program ☐ day pass ☐ special _____ *(specify)* ☐ none Waiver Wording ☐ PHLY ☐ Other

Staff Member filing report _____ Position _____ Date _____

Supervisor reviewing report _____ Position _____ Date _____

Exec. Dir. reviewing report _____ Position _____ Date _____

Filed with: Admin office ☐ Agent ☐ PHLY ☐ Date report filed _____ Filing method: e-mail ☐ fax ☐

Follow-Up

Was there follow-up contact? Yes ☐ No ☐ If yes, date and by whom? _____ By: _____

If yes, detail status: _____

_____

_____

INCIDENT REPORTING FORM FOR YMCAS - *continued*

Injured Person: _____ **Injury Date:** _____

Please check one and only one box in each of the following sections

Specific Location of Incident

- ☐ Aquatics Area
- ☐ Athletic/Play Field
- ☐ Cabin/Tent
- ☐ Campfire/Meeting Area
- ☐ Challenge Course
- ☐ Child Watch/Babysitting
- ☐ Childcare Area
- ☐ Class/Meeting Room
- ☐ Climbing Wall/Tower
- ☐ Ex. Room: Aerobics
- ☐ Ex. Room: Cardio/Strength Equip.
- ☐ Ex. Room: Free Weights
- ☐ Gym
- ☐ Gymnastics Facility
- ☐ Lobby/Halls/Stairs
- ☐ Locker/Rest Room
- ☐ Parking Lot/Garage
- ☐ Play Structure or Area
- ☐ Playground with Equip.
- ☐ Racquetball
- ☐ Range: Rifle/Archery
- ☐ Residence Facility
- ☐ Running Track
- ☐ Skating Rink
- ☐ Spa/Sauna/Steam
- ☐ Stables/Horse Arena
- ☐ Waterfront (Non Pool)
- ☐ Other: _____

Program: (Indicate name) _____

- ☐ Aquatics
- ☐ Camp: Day/Holiday
- ☐ Camp: Resident
- ☐ Camp: Sports
- ☐ Childcare: Before & After
- ☐ Childcare: Child Watch
- ☐ Childcare: Outdoor Education
- ☐ Childcare: Preschool/Daycare
- ☐ Health & Fitness: Organized
- ☐ Health & Fitness: Personal
- ☐ Non-Sport Activities
- ☐ Senior Program/Activity
- ☐ Social Outreach
- ☐ Special Events/Field Trip
- ☐ Sports: Adult
- ☐ Sports: Informal
- ☐ Sports: Youth
- ☐ Other: _____

General Activity

- ☐ Aquatics: Boating, All Forms
- ☐ Aquatics: Exercise Class
- ☐ Aquatics: Family/Free Swim
- ☐ Aquatics: Lap Swim
- ☐ Aquatics: Lessons
- ☐ Aquatics: Team/Practice
- ☐ Baseball/Softball/T-Ball
- ☐ Basketball
- ☐ Bicycles/Motorbikes
- ☐ Class: Aerobics
- ☐ Class: Kick-Boxing
- ☐ Class: Martial Arts
- ☐ Dance
- ☐ Dressing/Undressing
- ☐ Exercise: Cardio Equip
- ☐ Exercise: Free Weights
- ☐ Exercise: Strength Equip.
- ☐ Exercise: Run/Walk
- ☐ Exercise: Other Personal
- ☐ Football
- ☐ Free/Unstructured Play
- ☐ Games/Structured Activity
- ☐ Gymnastics
- ☐ Hiking/Backpacking
- ☐ Hockey (Ice or Roller)
- ☐ Horseback Riding
- ☐ Playground Equipment
- ☐ Racquetball/Handball
- ☐ Skateboarding
- ☐ Skating (Ice or Roller)
- ☐ Skiing/Snowboarding
- ☐ Soccer
- ☐ Spa/Sauna/Steam Bath
- ☐ Theft/Robbery
- ☐ Transportation
- ☐ Volleyball/Walleyball
- ☐ Walking - Incidental
- ☐ Other: _____

Specific Action

- ☐ Aggressive Behavior Of/By
- ☐ Caught In/By/Between
- ☐ Contact with/Exposure to
- ☐ Exertion
- ☐ Fall: From/Onto/Into
- ☐ Handle/Use/Touch
- ☐ Horseplay
- ☐ Inappropriate Touch
- ☐ Inhale/Ingest
- ☐ Participation/Playing
- ☐ Pushed/Pulled/Bumped
- ☐ Struck By/Against
- ☐ Verbal Attack/Teasing
- ☐ Other: _____

Source of Injury

- ☐ Aquatics Facility: Deck/Dock
- ☐ Aquatics Facility: Equipment
- ☐ Aquatics Facility: Slides/Bottom
- ☐ Aquatics Facility: Water/Body of
- ☐ Blood/Body Fluids
- ☐ Door
- ☐ Environment: Sun/Heat
- ☐ Equipment: Exercise
- ☐ Equipment: Playground
- ☐ Floor/Ground
- ☐ Furniture
- ☐ Insect/Animal
- ☐ Locker/Cabinet
- ☐ Object: Ball/Bat/Toy
- ☐ Person: Another
- ☐ Self
- ☐ Wall/Vertical Surface
- ☐ Other: _____

Apparent Injury

- ☐ Abrasion/Scratch
- ☐ Aquatic Distress
- ☐ Bite/Sting
- ☐ Bloody/Hemorrhage
- ☐ Breathing Shortened/Impaired
- ☐ Bruise/Contusion
- ☐ Burn/Blister
- ☐ Cramp
- ☐ Cut/Puncture
- ☐ Dislocation
- ☐ Dizziness/Unconscious
- ☐ Fear/Intimidation
- ☐ Fracture/Break
- ☐ Irritation/Reaction
- ☐ Jam
- ☐ Pain/Soreness
- ☐ Pinch/Crush
- ☐ Seizure/Dysfunction
- ☐ Sprain/Strain
- ☐ Vomiting
- ☐ No Visible/Apparent Injury
- ☐ Other: _____

Body

Please check if applicable: ☐ Right ☐ Left ☐ Upper ☐ Lower

- ☐ Arm
- ☐ Hand/Finger
- ☐ Wrist
- ☐ Elbow
- ☐ Leg
- ☐ Foot/Toe
- ☐ Ankle
- ☐ Knee
- ☐ Shoulder
- ☐ Chest
- ☐ Stomach
- ☐ Side
- ☐ Back
- ☐ Buttocks
- ☐ Hip
- ☐ Groin
- ☐ Face
- ☐ Ear
- ☐ Eye
- ☐ Nose
- ☐ Head
- ☐ Neck
- ☐ Heart
- ☐ Lungs
- ☐ Mouth/Lips/Teeth
- ☐ Mind/Psyche
- ☐ None/Not Applicable
- ☐ Other:_____

Comments _____

_____

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