

**FORT BEND INDEPENDENT SCHOOL DISTRICT  
DON COOK NATATORIUM  
AQUATICS INCIDENT REPORT**

Name of Victim:	Age:
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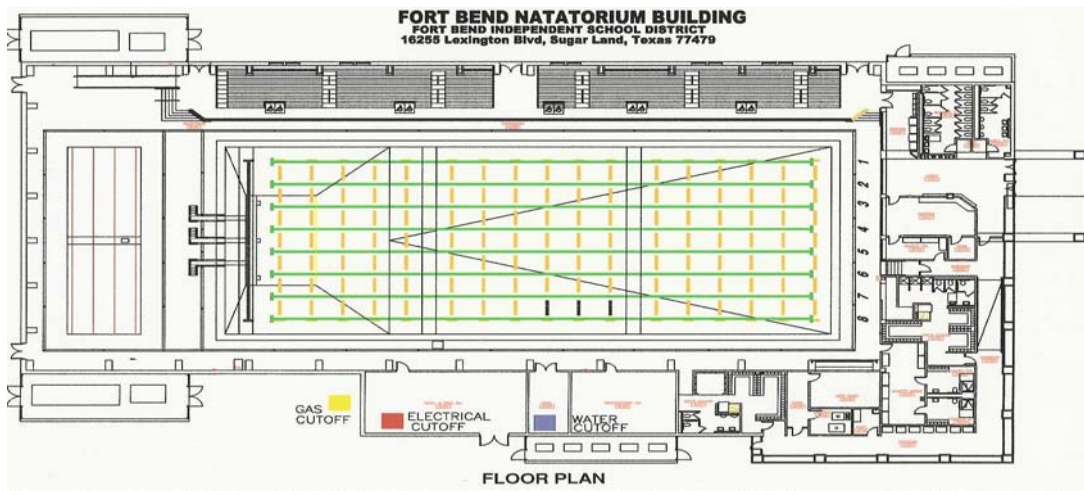
Address:	
City/State/Zip:	
Phone:	Date and Time:

**TYPE OF ACTIVITY (CHECK ONE)**

<input type="checkbox"/> Facility Rental	<input type="checkbox"/> Instruction Swim	<input type="checkbox"/> FBISD Swim: School _____
<input type="checkbox"/> Public Swim	<input type="checkbox"/> Special Event	<input type="checkbox"/> Other (specify on back)

**LOCATION OF INCIDENT (PLACE AN "X")**

Give specific location where injury or accident occurred at facility:



**INJURY OR ACCIDENT:**

<input type="checkbox"/> Cut or Abrasion	<input type="checkbox"/> Burn	<input type="checkbox"/> Bloody nose
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Heat Related Trauma	<input type="checkbox"/> Shock
<input type="checkbox"/> Distressed Swimmer	<input type="checkbox"/> Heart Attack or Stroke	<input type="checkbox"/> Other (specify below)

**FIRST AID APPLIED:**

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**POST FIRST-AID ACTION:**

Emergency vehicle transport:	yes	no
Cautioned to see physician:	yes	no
Left area unassisted:	yes	no
Witness:		phone:

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Signature of Victim

\_\_\_\_\_  
Signature of Head Lifeguard