



Torquay Leander	Injury/Sickness Report Form
Name of injured/sick person	
Date	
Event	
Details of Injury	
Where it happened	
What happened(were you personally in attendance)	
Time	
Witnesses	
Action Taken	
Treatment/Action/Referral (if appropriate)	
Name of Medical Personnel Involved	
Name of Pool employee involved	
Hospital/Centre attended/ambulance attended	
Parent/Guardian/Carer informed	
Post injury outcome notes	
Name/signature of TL person	