

Report Number _____

Lifeguard Area _____	Lifeguard Unit _____
Date: __/__/__	Time: __:__(24 hr)
Volunteer <input type="checkbox"/>	First Aider <input type="checkbox"/> Paid LG <input type="checkbox"/>


Nature of Injury						Stings	
Abrasion <input type="checkbox"/>	Small Cut <input type="checkbox"/>	Burn <input type="checkbox"/>	Blister <input type="checkbox"/>	Splinter <input type="checkbox"/>	Weeverfish <input type="checkbox"/>		
Sprain / Strain <input type="checkbox"/>	Sand in Eyes <input type="checkbox"/>	Contusion <input type="checkbox"/>	Break/Loss of Nail <input type="checkbox"/>	Minor Puncture <input type="checkbox"/>	Jellyfish <input type="checkbox"/>		
Other (give details) _____					Bee <input type="checkbox"/>		
					Wasp <input type="checkbox"/>		
					Unknown <input type="checkbox"/>		
					<input type="checkbox"/>		

First Aid Treatment Given
Advice (if any) _____

Patients Full Name _____
Post Town _____ Post Code _____
Country _____
Child (0-12) <input type="checkbox"/> Teenager (13-17) <input type="checkbox"/> Adult (18-59) <input type="checkbox"/> Senior (60+) <input type="checkbox"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>

Patient Release: No Further Action <input type="checkbox"/> Advised to Attend Doctor <input type="checkbox"/> Declined Treatment <input type="checkbox"/>
Patient / Parent / Guardian / Witness Signature: _____

Lifeguard Name: _____	Lifeguard Signature: _____	Volunteer <input type="checkbox"/>
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 **Data Protection Act 1998.** Your personal information will be held by the RNLI. It will be held in compliance with data protection legislation and will be used for the purpose of identifying lifeguard training needs and insurance liability. Where necessary it may be disclosed to Local Authorities and Lifesaving Organisations.

This form is to be returned to RNLI HEADQUARTERS