



## LIFEGUARD RESCUE REPORT FORM

<b>Location</b>	<b>Date &amp; Time of Incident</b>
<b>Casualty description</b>	<b>Which Flag was flying?</b>
<b>Water conditions</b>	<b>Nature of incident</b>
<b>Injury details</b>	<b>Treatment</b>
<b>Was doctor called</b>	<b>Was ambulance called</b>

**Description of Event:**

Signed: \_\_\_\_\_  
*Beachguard*

Date: \_\_\_\_\_

Contact Telephone Number / email: \_\_\_\_\_

Signed \_\_\_\_\_  
*Beachguard in Charge*

Date: \_\_\_\_\_