LIFEGUARD RESCUE REPORT FORM



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| --- | --- |
| ***Location*** | ***Date & Time of Incident*** |
| ***Casualty description*** | ***Which Flag was flying?*** |
| ***Water conditions*** | ***Nature of incident*** |
| ***Injury details*** | ***Treatment*** |
| ***Was doctor called*** | ***Was ambulance called*** |

***Description of Event:***

*I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.*

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

# Beachguard

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

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

# Beachguard in Charge