DENTON PARKS AND RECREATION DEPARTMENT PATRON WATER RESCUE REPORT

Name of Victim:		Age:	
Name of Parent/Guardian:		Phone #:	
Address:			
		Sex:	
Pool:	Areas of pool rescue occurred_		
Describe in detail what prompted			
Was the incident the result of a ru	ule violation? Yes No If so, what?		
Describe in detail rescue technique			
Was victim injured? Yes Was first aid given? Yes Was type?	No Extent of Injury: No By whom?		
		Parent Notified?	
Released to:			
	(Parents, doctors, hospital, back to p	ool, etc.)	
Witness:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Signed by rescued person or pare	ent/guardian:		
	aid:		
Water conditions at the time of the			
Chlorine	PHWater Tempera	ture# of people in pool	