LIFESAVING SOCIETY®
The Lifeguarding Experts

Lifesaving Commendation Certificate – Nomination Form

The Lifesaving Society awards its Lifesaving Commendation to Lifesaving Society certified employees who, in the line of duty, perform a successful rescue in a life-threatening emergency requiring resuscitation. The rescuer responds to the emergency (aquatic or non-aquatic) with demonstrated judgment, knowledge and skill, which results in the saving of a life.

Part 1: Nominator Information (to be completed by nominator Affiliate/Employer)

Name of Affiliate/Employer:_____
Name of Nominator:_____
Title/Position of Nominator:_____
Address:_____
Telephone:_____
Email:_____
# of on-duty rescuers being nominated:_____

Part 2: On-Duty Rescuer(s) Nominee Information (to be completed by nominator Affiliate/Employer)

Name:_____
Title/Position:_____
Address:_____
Telephone:_____
Email:_____
LSS ID#:_____
Date of Birth:_____

Part 3: Information on Rescued individual(s) - to be completed by nominator Affiliate/Employer:

Name:_____
Address:_____
Telephone:_____
Email:_____
Age:_____

Part 4: Rescue Information - to be completed by nominator Affiliate/Employer:

Location Name of Rescue: _____
Address of Rescue: _____
Date & Time of Rescue: _____

Type of Rescue (Aquatic or Non-Aquatic):_____
Weather Conditions (type and condition of water hazard: temperature, depth, wave size, wind, current, distance from shore, dock, etc.):

_____
CPR Performed (Yes or No):_____
AED used (Yes or No):_____
Vital signs present (Yes or No):_____
Specific Rescue Techniques used (e.g. Spinal rescue, etc.):_____

Part 5: Complete Description of the Rescue Operations – to be completed by nominator Affiliate/Employer:

Please include any specific techniques used and procedures followed; details of the rescue performed and degree of personal danger in which the rescuer and rescued were placed. Include any media clippings, incident reports, etc.

Part 6: Post – Rescue Description of Rescue Operations

Please include any post-rescue treatment of the victim (ambulance, hospital, treatment) and Critical Incident stress sessions provided to staff, etc.

_____
_____
_____
_____
_____
_____
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_____

Submit completed nominations to the Lifesaving Society:

- Email: experts@lifeguarding.com
- Fax: 416-490-8766
- Mail: 400 Consumers Road, Toronto, ON M2J1P8

If possible, please attach signed statements from the rescuer, the rescued and any witnesses to the rescue.

_____

Signature of person submitting nomination

_____

Date

and / or

_____

Signature of guarantor of bona fides of rescuer

_____

Date