

BRADFORD AND BINGLEY CANOE CLUB INCIDENT/ACCIDENT REPORT FORM

Site where incident/accident took place:

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Name of person in charge of session/competition:

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Name of injured person:

Address of injured person:

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Date and time of incident/accident:

Nature of incident/accident:

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Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, eg training game, getting changed, etc.

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Give full details of action taken including any first aid treatment and the name(s) of the first aider(s):

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Were any of the following contacted:

- | | | |
|-----------------|------------------------------|-----------------------------|
| Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Parent/guardian | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

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All of the above facts are true and accurate record of the incident/ accident.

SIGNED DATE

NAME