

PENINSULA PADDLERS INCIDENT REPORT FORM

Background information:

Time of Report: _____ Date of Report: _____

Primary's Name _____

Address _____

Phone # _____ HealthCard# _____

Insurance # & Co _____

Medical History if Known _____

Group/Trip Leader _____

Contact Info _____

Incident Information:

Time of Incident _____ Date of Incident _____

Site of Incident _____

Nature of Incident (sickness, cut, fall etc.) _____

Description of injuries if any _____

Condition of Primary _____

First Aid Treatment given, including time, type, where and by whom _____

Follow-up procedures, including what was given, where, and by whom _____

Note: *Collecting information as soon as possible is recommended.*

There should always be a follow-up analysis of any incident so that any information that might prevent such an incident in the future is recognized.