

BRAMSTON CANOE CLUB

Accident/First Aid Incident Report Form

Date Time First aider.....

Casualty nameM/F Date of birth.....age.....

Casualty address.....

Contact No.....Email

Location of accident.....

Injury/type of
incident.....
.....

Events leading to incident:
.....
.....

Treatment given:
.....
.....
.....

Past medical history.....

Medication taken

Last eaten

Advised to Visit GP or hospital if problem persists or worsens Yes/No

Parent guardian advised if under 18 Yes/No

If capsized was advice on secondary drowning/Weils disease reinforced Yes/No

Details of person completing for (if different from above):

Form to be forwarded to H&S Officer, committee member or email to
welfare@bramstoncanoecub.org