



Cheltenham Canoe Club



Incident Form

Casualty Name:

Trip/Activity:

Date & Time:

Injury:

Description of the incident or near miss (where a situation could have become an incident in which injury or harm was caused to a participant).

Action including on-site First Aid given.

Detail of any emergency services involvement or contacted

Parents/carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of any Witnesses.

Outcome.

Reason for incident/Lessons learned.

Signed. Date :