

FIELD TRIP INCIDENT REPORT FORM

Person making report: _____

Date: _____ Phone: _____

Date of incident ___/___/___ Time: _____

Weather conditions: _____

Location of incident: _____

Description of incident (state no **opinion** as to cause). Use back of page if more space is required.

Identity of ill, injured, or affected person?

Name: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Description of injury or illness

First aid given: _____

By whom: _____

Were emergency services contacted? Yes ___ No ___

If so, who was contacted: Ambulance ___ RCMP ___ other _____

A copy of this report must be submitted to the Club President as soon as possible.