

GREAT LAKES SEA KAYAKING ASSOCIATION
INCIDENT REPORT FORM

Background Information

Date: _____ Time: _____ (when form completed)

Group leader: _____ Telephone: _____

Address: _____

Victim's Name: _____ Sex: ____ Age: ____

Address: _____

Telephone Number(s): _____ OHIP Number: _____

Important medical history: _____

Emergency medical contact: _____

Telephone number(s): _____

Accident Information

Date of incident: _____ Time of incident: _____ a.m./p.m.

Location of incident: _____

Nature of incident (e.g. sickness, cut, fall, etc.): _____

Description of injuries: _____

Condition of victim: _____

First Aid Treatment

Time of treatment: _____ a.m./p.m.

What specific first aid was given to the victim? _____

First Aider in charge: _____

Follow Up Procedures

What follow up treatment was given? _____

Is any additional follow up required? _____

Additional Information: _____

(Use other side if additional space required.)