

CENTRAL OKANAGAN NATURALISTS' CLUB

INCIDENT REPORT

We protect and respect the privacy of our members. Personal information is used to communicate within our organization. We do not provide this information outside of our organization, except to responsible authorities.

*Incidents include illnesses, injuries, conflicts, frightening situations or an unexpected serious occurrence. **Submit this form to a member of the CONC Executive within three (3) days of the incident.***

1. Date: Yr. _____ Mo. _____ Day _____ Time: _____ Location _____
Activity: _____

2. Affected Person(s) involved: (Full Name/Phone#) _____ >>

3. Address: _____ City: _____ Postal Code: _____

4. Participants: (Full Name/Phone#) _____ >>

5. Witnesses: (Full Name/Phone#) _____ >>

6. Details of incident (use back of sheet if necessary)

_____ >>

7. Name of persons contacted: _____ Phone #: _____

8. Were there any injuries? [Yes] [No] Details: _____

9. Was outside help called? Circle agency: [No] [Police] [Fire] [Ambulance] [Search/Rescue] [Other _____]

10. If yes, what did they do? _____

11. For injuries, was the participant taken to: [Health care professional] [Medical facility]

12. Name & address of above: _____

13. Details of other measures taken: _____

14. Did the person(s) continue in the activity? [Yes] [No]

15. If they went home, who was the driver? _____ Date: _____ Time _____

16. Report initiated by (print name): _____ Signature _____

17. Club position: _____ Date: Yr. _____ Mo. _____ Day _____

18. Executive member receiving the report: _____ Position: _____

Signature: _____ Date: Yr. _____ Mo. _____ Day _____

(>> indicates continued on reverse of side of form if more space is needed for details)

INCIDENT REPORT-Continued

2. Affected person(s) involved: (Full Name/Phone#)

4. Additional Participants: (Name/Phone #)

5. Additional Witnesses: (Name/Phone #)

6. Additional Details:

