



Friends of Allonby Liverpool Canoe Club

Canoeing & Kayaking in Merseyside & beyond since 1981

Accident/Incident Reporting Form (Each witness to complete one form)

Name of person in charge of session/event/competition

Site where accident/incident took place

Date of accident/incident

Name/address/tel. no of each injured/involved person (continue on a separate sheet if required)

Nature of accident/incident and extent of any injuries

Give details of how and precisely where the accident/incident took place (continuing on a separate sheet if required)

Give full details of action taken including first aid and the name(s) of the first aider(s)

Who was contacted?

Parents/carers	yes/no
Emergency Contact	yes/no
Police	yes/no
Ambulance	yes/no

Was anyone taken to hospital? Yes/no

If yes, please give name of person completing Riddor Report:

What happened to the injured/involved person(s)?

All of the above facts are a true record of the accident/incident

Signed:	Date:
Print Name:	Contact Number:

All supplementary sheets should be firmly attached.

Please send to the FOALCC Chair: (Head coach can provide contact details)