***ACT WALKING FOR PLEASURE INCIDENT REPORT FORM***

***TO BE COMPLETED BY THE WALK COORDINATOR***

If there are any falls or other incidents during a walk please email this form to the Vice President at vp@actwfp.org as soon as possible after the walk.

Please name the file with the date of the incident and name of person involved in the incident

eg 2019-09-17 Joe Bloggs WFP Incident Report.

**Indicate all that apply [x] [ ] Accident [ ] Injury [ ] Illness**

 **[ ] Member [ ] Non-Member**

|  |  |
| --- | --- |
| 1. *Casualty’s Name:*
 |  |
| 1. *Contact Phone Number:*
 |  |
| 1. *Walk Location:*
 |  |
| 1. *Walk Date:*
 |  |
| 1. *Walk Leader:*
 |  |

|  |
| --- |
| ***Nature of Incident*** *(additional details may be recorded on back)****:*** |

|  |
| --- |
| ***Treatment Offered/Given*** *(additional details may be recorded on back)****:*** |

|  |
| --- |
| **Treatment Offered/Given By:** |

|  |  |
| --- | --- |
|  | **YES / NO** |
| Did the person continue walking? |  |
| Advised to seek medical assistance? |  |
| Was an ambulance called? |  |

|  |
| --- |
| **Name of person giving information:****Date:** |

***Record additional details on back***