

ACKNOWLEDGEMENT OF RISK FORM FOR THAT'S FITNESS BFB WALKING GROUP MEMBERS

Sample

INCIDENT REPORT FORM To be completed by activity organisers / walk leaders as soon as practical after the incident. This report should be kept by the club secretary as a formal club record.

In the event of any serious injury (an injury requiring medical treatment) copies of the incident report must be forwarded to t

Part 1 Report Prepared By Date Prepared

Date of Incident Time of Incident

Type of Event: Day walk, canoe trip, bike ride, etc.

Location

Type of Incident: Injury, missing person, damage to property, theft, fire, etc.

Incident Details

Actions Taken

Risk Management Guidelines for Bushwalking Victoria Member Clubs Version 3.0 July 2011 15

Part 2

Privacy Note: The inclusion of the names of individuals and their contact details in this report must be done in accordance with relevant Privacy laws.

External Involvement: Were authorities or other agencies notified at the time? If so who, by whom, and how? Did they then take a role in managing the incident? If appropriate have the Insurers been notified?

Final Outcome: What was the final outcome of the incident? When was it resolved?

Future Prevention: Can this incident be prevented at future Club activities? If so, how?

Supplementary Information: This section can include a list of attachments, such as a map, witness statements etc.

Sample

PARTICIPANT'S EMERGENCY CONTACT & MEDICAL INFORMATION

This information is for emergency use only and is to be carried in your pack at all times in a sealed plastic envelope. It is your responsibility to update this information if there is a change in details.

Name: _____

Home Address: _____

_____ Post Code _____

Telephone: Home: _____ Mobile: _____

Medical Information: Medical Condition:

Current Medications: _____

Allergies: _____

Do you have current immunisation against: Tetanus Y/N HepA Y/N HepB Y/N

Medicare Number: _____

Private Health Insurance Fund (name): _____

Ambulance subscriber Y/N

Emergency Contact: Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: Home _____ Mobile _____

Relationship: _____

Signed: _____ Date _____

Privacy Statement: The information contained in this form is for emergency use only and will be used if you are ill or injured whilst participating in an activity of That's Fitness BFB Walking Group. The information will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.