

GLOUCESTER DISTRICT U3A INC.

INJURY / ACCIDENT REPORT

Course Clerk to complete this form and return to Secretary within 48 hours.

Injury Date: _____ Injury Time: _____ Injury Location: _____

Scheduled U3A Event Y/N Member Y/N Guest/Other _____

Injured Person Name _____ M/F

Address: _____

Phone Numbers: _____

Details of Injury / Accident

Injury/Accident Type: _____

Care Given at the Scene: Ambulance / Hospital

Doctors Name and Phone No.: _____

Injured Persons Signature: _____

Important Notes and Instructions: e.g. what steps need to be taken to prevent this from occurring again, could this injury/accident have been avoided.

Prepared by _____ Date: _____

Follow up with injured person by _____

GLOUCESTER DISTRICT U3A INC

INCIDENT FORM

Course Clerk to complete this form and return to the Secretary within 48 hours

Incident Date: _____ Incident Time: _____ Incident Location: _____

Details of Incident:

Scheduled U3A Event Y/N Member Y/N Guest/Other _____

Subject/s of Incident:

PERSON 1

Name: _____ M/F _____ Member: Yes / No

Address: _____

Phone No's: _____ Email _____

PERSON 2

Name: _____ M/F _____ Member: Yes / No

Address: _____

Phone No's: _____ Email _____

Important Notes and Instructions: e.g. what steps need to be taken to prevent this from occurring again, could this incident have been avoided.

Prepared by _____ Date: _____

Follow up with involved persons by _____

