

Guildford Health Walks Incidents & Accidents Report Form (2 pages)

Please email the completed form to incidents@guildfordhealthwalks.org.uk

Walk group name and Date of Walk	
Person leading the walk	
Their phone number and email address	
Injured/affected person	
Their Phone number and email address	
Were there any injuries? If yes, please state their nature.	
Was medical attention sought?	
If yes, what treatment was received?	
If injuries were sustained, is a full recovery expected?	
Were emergency services called?	
Date & time of incident/accident:	
What happened? Please provide as much information as possible, including the location.	

Witness/Witnesses	
Their Phone number and email address	
Name of person making report (if different from Walk Leader)	
Their Phone number and Email address	
In your opinion, is a claim likely to be made?	
Signatures	
Leader (1):	
Leader (2):	
Date:	

DATA PROTECTION ACT: All information you provide on this form is treated by us as confidential and except to the extent required by law, we shall only use such information for the purpose of processing your claim. Information you provide may be forwarded to your Insurer for these purposes.