



Accident report form

1. Scheme details

Walk leader(s) name(s):

Name of scheme:

Date of accident:

2. Details of injured person

Full name:

Phone/mobile number:

Address:

Injuries sustained:

3. Details of accident

Location and time of accident:

What happened? Please give as much information as possible:

Accident report form

What action was taken? If medical attention was sought, please mention this and what treatment was received as a result.

If injuries were sustained, is a full recovery expected?

4. Signatures

Leader (1):

Leader (2):

5. Data Protection

This information will be shared with OneLife Suffolk and the Ramblers Walking for Health, Health and Safety representative. Please confirm that you are happy for this information to be shared

Leader1/Leader 2 Yes No

Signatures _____

Injured person Yes No

Signature _____

Please email the completed form to onelifesuffolk@nhs.net or post to OneLife Suffolk, Inspire, Lindbergh Road, Ipswich IP3 9QX

This document will then be emailed to walkingforhealth@ramblers.org.uk by OneLife Suffolk