Alberta Mycological Society

Incident / Accident Report Form

Please use this form to report incidents / accidents that occur on all AMS-sponsored activities and have the Foray Leader forward it ASAP to the AMS President. Please print legibly.

Report submitted on:	D/M/Y:	**Date of Incident:** D/M/Y:
Report completed by:	name:	address:
	pnone:	email:
Foray Leader:		
Participants' names:		
Other Witnesses, with contact info		
Location of Incident:		
Incident Description: (use back of form for more space)		
Weather conditions		
Person injured:	name:	address:
	pnone:	email:
Treatment administered:		
Authorities contacted:		
Family contacted:		
Other pertinent notes:		