

# INCIDENT/ACCIDENT REPORT FORM

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

Name of Person Involved \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Sex \_\_\_\_\_ Position: Camper Paid Staff Volunteer Staff Visitor

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip code

Name of Parent/Guardian (if Minor) \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip code

Name/Addresses of Witnesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Type of Incident:  Behavioral  Accident  Epidemic Illness  Other \_\_\_\_\_

Date of Incident/Accident \_\_\_\_\_ Time: \_\_\_\_\_  am.  pm.

Describe the Event and details of the injured person:

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Where did it occur? Be specific and use locations and names of witnesses:

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Was injured participating in an activity at the time of injury?  Yes  No If yes, what activity? \_\_\_\_\_

Was any equipment involved in the accident?  Yes  No If so, what kind? \_\_\_\_\_

What could the injured have done to prevent the injury? \_\_\_\_\_

Describe the emergency procedures followed at the time of the incident/accident

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Who was in charge? \_\_\_\_\_

Form submitted by: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_

**INCIDENT/ACCIDENT REPORT FORM (PAGE 2)**

Were the parents notified? Yes No

By whom? \_\_\_\_\_ Title: \_\_\_\_\_ When: \_\_\_\_\_

Parent's response: \_\_\_\_\_

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Where was treatment given? At accident Camp infirmary Doctor's Office Hospital

What was the nature of the treatment?

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By Whom? \_\_\_\_\_ Title: \_\_\_\_\_

Was treatment was given other then at camp? Yes No

If yes, what hospital or doctors office? \_\_\_\_\_

Name of attending phsycian: \_\_\_\_\_

Comments:

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Persons notified in the camping program:

Name	Position	Date
_____	_____	_____
_____	_____	_____

Describe any contact from the media:

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Form submitted by: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_