

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

Names/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:

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

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:

Who was in charge? _____

Form submitted by: _____ Position _____ Date _____

Phone Number: _____

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Were the parents notified? Yes No

By whom? _____ Title: _____ When: _____

Parent's response: _____

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

What was the nature of the treatment?

By Whom? _____ Title: _____

Was treatment was given other than at camp? Yes No

If yes, what hospital or doctors office? _____

Name of attending phsyician: _____

Comments:

Persons notified in the camping program:

Name	Position	Date
_____	_____	_____
_____	_____	_____

Describe any contact from the media:

Form submitted by: _____ Position _____ Date _____

Phone Number: _____