

# 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: \_\_\_\_\_

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

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: \_\_\_\_\_