

**To be completed by the adult-in-charge, event staff or activity director.
 Submit to the Chief Operations Office within 24 hours of occurrence.**

Name of event: _____ Date Submitted: _____

Location of incident: _____ Address: _____ City: _____ Zip: _____

Date of Incident: _____ Time: _____

Incident was reported to council staff member:

Name: _____ Title: _____ Date: _____ Time: _____

Person in charge of the event: _____

Victim(s) Name	Parent/Guardian	Address	Phone Number	Age
1.				
2.				
3.				

Attach signed statements about incident.

Witness Name	Parent/Guardian	Address	Phone number	Age
1.				
2.				
3.				
4.				
5.				
6.				

Describe incident in detail (add attachment, if necessary): _____

Action taken at the time of incident: _____

By whom: _____

Action taken as follow up to incident: _____

By whom: _____ When: _____

If there was an injury, was the injured participating in an activity at the time of injury? YES NO

If yes, what was the activity? _____

Was equipment involved in the incident?: Yes No What kind?: _____

Medical Report

Were parents notified? Yes No If yes, how was notification made: _____

By whom: _____ Date: _____ Time: _____

ParentResponse/Directions: _____

Where was treatment given: Camp At Accident Site Doctor's Office Hospital

Describe treatment given: _____

By whom: _____

Name, Address, and phone number of person who rendered aid:

Was injured admitted to in-camp health services? Yes No If yes, when: _____

Date released from health services: _____ Released to: Camp Activities Home
 Other: _____

By whom: _____ When: _____

Was injured admitted to hospital? Yes No If yes, which one: _____

Hospital: _____ Date: _____ Out-patient In-Patient

Name of physician in attendance: _____ Date released from hospital: _____

Released to: Camp Health Services Home Other _____

Where did the incident occur? Be specific, include location of injured and witnesses. Use diagram to locate persons and objects in the space below. Use an additional page if needed.

FOR OFFICE USE ONLY

Signature or person submitting report _____ Title _____

Phone # of person submitting report _____ Date _____

Insurance Notification
 Parent Insurance _____ By Council _____ By Parent _____ Date _____
 Camp Health Insurance

Director of HR: _____
Date Received: _____
Initial: _____