Accident/Incident Report Form

(Use a separate form for each incident or person)

Camp Name _____ Date _____

Name of Person Involved _____
Last First Middle

Age ____ ◯ Female ◯ Male ◯ Camper ◯ Staff ◯ Visitor

Address _____ Phone _____
Street & Number City State Zip Area/Number

Name of Parent/Guardian (if minor) _____

Address _____ Phone _____
Street & Number City State Zip Area/Number

Name/Addresses of Witnesses (*You may wish to attach signed statements.)*

1. _____

2. _____

3. _____

Type of Incident: ◯ Behavioral ◯ Accident ◯ Epidemic Illness ◯ Other _____

Date of Incident/Accident _____ Hour_____ ◯ a.m. ◯ p.m.
Day of Week Month Day Year

Describe the sequence of activity in detail including what the (injured) person was doing at the time:

_____

Specify location. Attach a separate diagram/drawing to locate persons/objects, including location of injured and witnesses.

_____

Was injured participating in an activity at time of injury? ◯ Yes ◯ No If so, what activity? _____

Any equipment involved in accident? ◯ Yes ◯ No If so, what kind? _____

What could the injured have have done to prevent injury?

_____

Emergency procedures followed at time of incident/accident:

_____

By whom? _____

Submitted by _____ Position _____ Date _____

Phone number _____