SUMMER CAMP INCIDENT REPORT FORM

Please complete this form to record details of any incidents, such as injuries, illnesses, or behavioral concerns at summer camp. Submit this form within 24 hours of the incident.

Camp Address:		CAMP INFORMATION	
Camp Address: Camp Director: Contact Number: PERSONAL DETAILS OF REPORTER Full Name: Role at Camp: Phone: PARTICIPANT(S) INVOLVED Name: Age: Parent/Guardian Name: Contact Number: Name: Age: Parent/Guardian Name: Contact Number: INCIDENT DETAILS Date of Incident: Ag	Camp Name:		
Camp Director: Contact Number: PERSONAL DETAILS OF REPORTER Full Name: Role at Camp: Phone: PARTICIPANT(S) INVOLVED Name: Age: Parent/Guardian Name: Contact Number: Name: Parent/Guardian Name: Parent/Guardian Name: Contact Number: Name: Parent/Guardian Name: Contact Number: Name: Parent/Guardian Name: Name: Parent/Guardian Name:	Camp Address	<u>'</u>	
PERSONAL DETAILS OF REPORTER Full Name: Role at Camp: Phone: PARTICIPANT(S) INVOLVED Name: Age: Parent/Guardian Name: Contact Number: Name: Age: Parent/Guardian Name: Contact Number: INAME: Parent/Guardian Name: Contact Number: INAME: INCIDENT DETAILS Date of Incident: INCIDENT DETAILS			
Full Name:	Contact Numb	er:	
Role at Camp:		PERSONAL DETAILS OF REPORTER	
Role at Camp:	• Full Name:		
PARTICIPANT(S) INVOLVED Name:	Role at Camp:		
 Name:	• Phone:		
Age: Parent/Guardian Name: Contact Number: Name: Parent/Guardian Name: Contact Number: Name: Age: Parent/Guardian Name: Contact Number: Parent/Guardian Name: Parent/Guardian Name: Time of Incident:, 20 Time of Incident:, AM □ PM		PARTICIPANT(S) INVOLVED	
Age: Parent/Guardian Name: Contact Number: Name: Parent/Guardian Name: Contact Number: Name: Age: Parent/Guardian Name: Contact Number: Parent/Guardian Name: Parent/Guardian Name: Time of Incident:, 20 Time of Incident:, AM □ PM	• Name:		
 Contact Number:			
 Name:	• Parent/Guardia	an Name:	
 Age:	 Contact Numb 	er:	
 Age:	Name:		
 Parent/Guardian Name:			
 Contact Number:	Parent/Guardia	n Name:	
 Age:	 Contact Numb 	er:	
 Age:	Name:		
 Parent/Guardian Name:			
 Contact Number:			
 Date of Incident:, 20 Time of Incident:	• Contact Numb	er:	
Time of Incident: □ AM □ PM		INCIDENT DETAILS	
 Time of Incident: □ AM □ PM 	Date of Incider	nt: , 20	
• Incident Location:	Time of Incides	nt:	
	 Incident Locat 	ion:	

WITNESS INFORMATION	
Were there other witnesses? ☐ Yes ☐ No If yes, provide witness details:	
n yes, provide withess details.	
IMMEDIATE ACTIONS TAKEN	
First Aid Provided: ☐ Yes ☐ No	
Actions Taken:	
MEDICAL RESPONSE	
Medical Professional Consulted: ☐ Yes ☐ No	
Was the participant taken to a hospital? ☐ Yes ☐ No	
If yes, name of hospital:	
LAW ENFORCEMENT	
Were the police or other authorities notified? ☐ Yes ☐ No	
If yes, was a report filed? ☐ Yes ☐ No	
REPORT SUBMISSION	
Signature of Reporter:	
Date:, 20	
Print Name:	
FOR OFFICIAL USE ONLY	
Received By:	
Date:, 20	