

## 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.

Report Date: \_\_\_\_\_, 20\_\_\_\_

### CAMP INFORMATION

- Camp Name: \_\_\_\_\_
- 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: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

### INCIDENT DETAILS

- Date of Incident: \_\_\_\_\_, 20\_\_\_\_
  - Time of Incident: \_\_\_\_\_  AM  PM
  - Incident Location: \_\_\_\_\_
  - Incident Type:  Injury  Illness  Behavioral  Other: \_\_\_\_\_
  - Detailed Description of the Incident:
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**WITNESS INFORMATION**

- Were there other witnesses?  Yes  No
  - If yes, provide witness details:
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**IMMEDIATE ACTIONS TAKEN**

- First Aid Provided:  Yes  No
  - Actions Taken:
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**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\_\_\_\_
  - Actions Taken/Planned:
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