Incident/Accident Report

Date of incident:	· 				Time:	am/pn
	Day of week	Month	Day	Year		
Name of person	involved			DOB:		
☐ Camper ☐	Staff	Volunteer	Age:	M	ale Female	
1	ature of Witnesses.					
2						
Type of incident	t: Behavioral	Physical Injury	Illness			
Incident Descrip	otion:					
Staff or Camper	Explanation of Even	t:				
Medical care:	None Ambulance Other(explain)	First Aid on Hospitalized	d	Emergency Ro	ment	
Medical Follow	up:					
Is the incident	an aggravation o	f an old injury		o a medical condit xplain		
Witness signatur Person Involved Camp Director s	re signature ignature:			Date: Date:		
Camp Director (Comments:					