

Incident Report

CAMP: Antlers Brauer Education Center Camp Huntington Hoxie Gorge Off site Date _____

Date of Incident/Accident _____ Hour _____ a.m. p.m.
Month Day Year

Name of Person involved _____ Sex: Male Female Age _____ Camper Staff Visitor
Last First Middle
 Address _____ Phone () _____
Street & Number City State Zip Area/number
 Name of Parent/Guardian (if minor) _____
 Address _____ Phone () _____
Street & Number City State Zip Area/number

Type of incident Accident Illness Near miss Other Number of persons injured/ill _____
 Type of Injury or illness (abrasion, burn, concussion, etc.) _____

 Area of the body affected (wrist, nose, etc.) _____

 Describe the sequence of activity in detail including what the person was doing at the time _____

 Where occurred? (Specific location, including location of injured and witnesses. Use diagram to locate persons/objects)

Incident Report

Victim's signs and symptoms:

Emergency procedures followed at time of incident/accident? _____

Medical Assistance provided by Staff Ambulance Hospital
Transport to medical facility? Yes No By whom? _____
Name of medical facility _____
Diagnosis and treatment at medical facility

Any equipment involved in accident? Yes No If so, what kind? _____
What could have been done to prevent this? _____

Name of Witnesses (You may wish to attach signed statements)

_____ () _____
phone
_____ () _____
Phone

If ill/injured was a minor, were parents notified? Yes No By whom _____ Time _____
Date and Time
Report completed by _____ Signature _____
Print Name Sign/Date

E-mail: _____ () _____
Phone

Routing Information: Camp Director Program Leader Department Chair Administration

Name Name Name Name