

Accident/Incident Report Form

Modified from the *American Camp Association's* Form FM 01

Fill out one form per incident or per person.

Name of Person Involved:

Age: Sex: Camper Staff Visitor

Date of Incident:

Time of Incident:

Type of Incident Behavioral Accident Epidemic Illness Other

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

- 1.
- 2.
- 3.

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

Where did the incident or accident occur? Specify location, including location of injured and witnesses.

Was injured participating in an activity at time of injury? Yes No

If so, what activity?

Emergency procedures followed at time of incident/accident:

Who assisted/intervened in the incident/accident?

Name of person completing this form:

Position of person completing form:

Date completed: