

Incident Report Form

(Fill out 1 on each incident or person)

Program Name _____ Date _____

Address _____
Street & Number City State Zip

Name of Person Involved _____ Age ____ Sex ____ ☐ 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

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

1. _____
2. _____
3. _____

Type of Incident ☐ Behavioral ☐ Accident ☐ Epidemic Illness ☐ Other (describe)

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

Describe the activity in detail including what the (affected/injured) person was doing at the time

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

Was injured participating in an activity at time of injury? ☐ Yes - If so, what activity? _____ ☐ No

Any equipment involved in accident? ☐ Yes ☐ No If so, what kind? _____

What could the injured have done to prevent injury? _____

Emergency procedures followed at time of incident/accident _____

By whom? _____

Submitted by _____ Position _____ Date _____

Phone number _____