

# Incident Report

**Reported**

**Completed by:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Witnesses to Event:** \_\_\_\_\_

## INCIDENT INFORMATION

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Name of victim: \_\_\_\_\_

Location on Camp: \_\_\_\_\_

Additional person(s) involved: \_\_\_\_\_

**Supervising Staff description of event(s):**

**Affected Staff or camper explanation of the event (s):**

**Supervisory staff response to the event(s):**

**Care Provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Follow-Up Required?**      YES                  NO