

# Camp/Competition Incident Report Form

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

Name of Person Involved \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Sex \_\_\_\_\_ Position:  Camper  Paid Staff  Volunteer Staff  Visitor

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip code

Name of Parent/Guardian (if Minor) \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip code

Names/Addresses of Witnesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Type of Incident: Behavioral Accident Epidemic Illness Other \_\_\_\_\_

Date of Incident/Accident \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Describe the Event and details of the injured person:

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Where did it occur? Be specific and use locations and names of witnesses:

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Was injured participating in an activity at the time of injury? Yes No If yes, what activity? \_\_\_\_\_

Was any equipment involved in the accident? Yes No If so, what kind? \_\_\_\_\_

What could the injured have done to prevent the injury? \_\_\_\_\_

Describe the emergency procedures followed at the time of the incident/accident:

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Who was in charge? \_\_\_\_\_

Form submitted by: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Camp/Competition Incident Report Form (Page 2)

Were the parents notified? Yes No

By whom? \_\_\_\_\_ Title: \_\_\_\_\_ When: \_\_\_\_\_

Parent's response: \_\_\_\_\_

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Where was treatment given? At accident Health Center Doctor's Office Hospital

What was the nature of the treatment?

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By Whom? \_\_\_\_\_ Title: \_\_\_\_\_

Was treatment was given other than at camp? Yes No

If yes, what hospital or doctors office? \_\_\_\_\_

Name of attending phsyician: \_\_\_\_\_

Comments:

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Lamar Officials Notified:

Name	Position	Date/Time
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Describe any contact from the media:

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Form submitted by: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_