

Accident/Incident Report Form FM 01

Developed by the **American Camping Association®**

(Fill out 1 on each incident or person)

Camp Name _____ Date _____

Address _____

Name of person involved _____ Age _____ Sex _____ Camper Staff Visitor

Address _____ Phone _____

Name of Parent/Guardian (if minor) _____

Address _____ Phone _____

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.

Describe the sequence of activity in detail including what the (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 No If so, what activity? _____

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 _____

Medical Report of Accident

Were parents notified? Yes No By Writing Phone Other _____

By whom? _____ Title _____ When _____
Time Date

Parent's Response _____

Where was treatment given (check and complete all that apply)?

At Accident Site: Where? _____ By whom? _____

Treatment given _____ Date _____

Camp Health Service: By whom? _____ Title _____

Treatment given _____ Date _____

Released to Camp Activities Home Other _____ Date _____

Doctor's Office: By whom? _____ Title _____

Treatment given _____ Date _____

Released to Camp Activities Camp Health Service Home Other _____

Hospital: By whom? _____ Title _____

Was injured retained overnight in hospital? Yes No If so, which?

Where? _____ Date _____ Out-patient In-patient

Name of physician in attendance _____

Date released from hospital _____

Released to Camp Home Other _____

Comments _____

Persons notified such as camp owner/sponsor, board of directors, etc.

Name _____ Position _____ Date _____

Describe any contact made with/by the media regarding this situation _____

Signed _____ Position _____ Date _____

Insurance Notification

Date

1. Parent's Insurance By Parent Camp _____

2. Camp Health Insurance _____

3. Worker's Compensation _____

4. Camp Liability Insurance _____