

Incident Reporting Form

Date & Time of Incident:
Campers/Staff Involved:
Description of Incident:
Space/Equipment/Facility Involved:
Injury Details:

First Aid/Emergency Support provided:		
Remedial Action:		
After incident camper/staff was:	Incident Reported to:	
Sent home Sent to hospital/urgent care	moldent Reported to.	
Returned to activity Other:		
Witness of Incident (campers, staff,	Staff Name & Signature:	
family):		