

Accident/Incident Report Form

Developed by the American Camp Association®
(Fill out 1 on each incident or person)

Participant Name _____ Date _____

Address _____
Street & Number City State Zip

Name of Person Involved _____ Age ____ Sex ____ Participant 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 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 have done to prevent injury? _____

Emergency procedures followed at time of incident/accident _____

By whom? _____

Submitted by _____ Position _____ Date _____

Phone number _____