&DPS &RPSHWLWLRQ ,QFLGHQW

Address						
Street		City	State	Zip code		
Name of Pe	erson Involv	ed				
		Last		First	Middle	
Age	Sex	PositionCamper	Paid Staff	Volunteer Staff	Visitor	
Address					Phone:	
Str	eet	City	State	Zip code		
Name of Pa	rent/Guardi	an (if Min <u>or)</u>				
Address	of Incident:	Rehavioral Accident	Enidomic IIIn	Other	Phone:	_

_ Time: ____

am

bethe Event

&DPS &RPSHWLWLRQ ,QFLGHQWRHSRUW)RUP(PDJH2)

Were the parents notified? YesNo By whom?	Title:	When:
By whom?		
Wherewas treatmengiven? At accident What was the nature of theatment?	+ H D O W K '&R HF QV/VR HJ QF V	'H2olsplitaTH
By Whom?		
Was treatment wasiven other than at can If yes, what hospital or doctors office?Name ofattendingphsycian:Comments:	np?Yes No	
/DPDU 2IILFLDOV 1RWLI Name	L H G Position	Date 7LPH
Describe any conta t rom the media:		
Form submitted by:Phone Number:		Date
/DPDU 8QLYHUVLW\ 2IILFH RI (+6 5LVN 0D 3 2 %R[%HDXPRQW 7;)D[QDJHPHQW	
(PDLO ULVNPDQDJPHQ)	WBHKV#ODPDU HGX	5 H Y L V H G