



& DPS & RPSHWLWLRQ , QFLGHQWRHSRUW )RUP(PDJH2)

Were the parents notified? Yes No

By whom? \_\_\_\_\_ Title: \_\_\_\_\_ When: \_\_\_\_\_  
3DUHQW V UHVSQRVH BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Where was treatment given? At accident + HDOWK 'RHOV Hospital  
What was the nature of the treatment?

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

Was treatment was given other than at camp? Yes No

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

Name of attending physician: \_\_\_\_\_

Comments: \_\_\_\_\_

/DPDU 2IILFLDOV 1RWLILHG	Position	Date 7 L P H
Name		

Describe any contact from the media:

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

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

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%HDXPRQW 7;  
)D[  
(PDLO ULVNPDQDJPHQWBHKV#ODPDU HGX 5HYLVHG