

# Camper/Volunteer/Staff Accident/Incident Report



Elk River/NW       Lakamaga       SH/Sanderson

***Submit this report to the St. Paul Service Center Attn: Business Services within 24 hours after the accident/incident.***

## Camper/Volunteer/Staff Information (Home address-NOT camp)

_____ Name of Camper/Volunteer	_____ Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	_____ Troop # or Service Unit
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Parent/Guardian or Emergency Contact Name	_____ Home Phone	_____ Work Phone	
_____ Street Address of Parent/Guardian Address (if different from camper)	_____ City	_____ State	_____ Zip
_____ Primary Insurance Carrier	_____ Policy Number		

\_\_\_\_\_  
Event Name      \_\_\_\_\_  
Session # (if applicable)      \_\_\_\_\_  
Date event began      Date event ended

\_\_\_\_\_  
Date and time of accident      \_\_\_\_\_  
Place where accident occurred (i.e., troop house, kitchen, program hut, camp fire, etc.)

Describe the accident/incident giving as much information as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the injury/illness giving as much information as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment given and by whom: \_\_\_\_\_

Name of Physician/Hospital/Clinic \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

List witness names and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others notified:     Parents/Guardians     Doctor/Hospital/Clinic     Council, who? \_\_\_\_\_  
 Others, who? \_\_\_\_\_

\_\_\_\_\_  
Signature of adult making this report      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of camp director      \_\_\_\_\_  
Date