

LAKE REGION CONFERENCE Youth Ministries Department

Incident / Medical Report Form

(Fill out 1 per incident or person)

An incident is an occurrence, event, or episode of insubordinate behavior by either campers or staff. Examples would be a threatening situation that may result in bodily harm or injury to oneself, other campers or staff members. A medical occurrence would involve an event of severe injury to campers or staff members that may or may not be life-threatening. However, this report must be used each time a camper is transported off site. Check the appropriate box, fill in all pertinent information and sign when completed.

An event of insubordinate behavior An event involving a personal injury

Location _____ Location _____ Date _____

Name of Person Involved _____
Last First Middle

Address _____ Phone _____
Street & Number City State / Zip Area/Number

Age _____ Sex _____ Camper/ Youth Staff Visitor

Club Name _____ Club Director _____

Name of Parent/Guardian (if minor) _____

Parent/ Guardian notified by Phone Writing Other (describe) _____

By Whom? _____ Position _____ When? _____

Name/Age/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 _____ Time: _____ 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 done to prevent injury? _____

Emergency Procedures:

If the person was injured, list the treatment given and the status of the injured: _____

Transportation By:

Camp Vehicle Ambulance Other (describe) _____

Taken To:

Hospital (Name): _____ In patient Out patient

Physician Office (describe) _____ Rx (describe) _____

Arrival time at hospital or physician office _____

Released To:

Returned to Camp / Club Home/ Parent Other (describe) _____

Campsite Treatment By:

Name _____ Role: _____

General Comments: _____

Weather Conditions: _____

Diagram, if applicable:

Submitted by _____ Position _____ Date _____

Mobile Phone # _____ Email _____

Please make scanned copies of this form and send email with scanned copy to LRC Youth Director. Additionally, forward original to Lake Region Youth Ministries Department AS SOON AS POSSIBLE. Keep a copy as part of your records!

