



Form B7

Accident/Incident Report Form

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

Important! Please complete this form in the event of any sort of incident: Behavioral, medical, accidental, illness, property damage. Please strive to be as objective as possible while filling out this incident report. Thank you!

Reason for Report: _____

Type of Incident ☐ Behavioral ☐ Accident ☐ Illness ☐ Property damage ☐ Other (describe) _____

Date of Incident/Accident _____ Hour _____ ☐ Child /youth ☐ Adult

Address _____
Last First Middle
Street & Number City State Zip Phone _____
Area/Number

Name of Parent/Guardian (if minor) _____

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

Name/Addresses of Witnesses (You may wish to attach signed statements.)

1. _____ Signature (if possible) _____
2. _____ Signature (if possible) _____
3. _____ Signature (if possible) _____

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. Include a diagram on the back to locate persons/objects.) _____

*Continued on the back

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? _____

Was a horse involved in the accident/incident? ☐Yes ☐No, If so, name of horse? _____

Emergency procedures followed at time of incident/accident (*By whom?*) _____

Additional Notes: _____

Diagram (If needed)

Submitted by _____ Position _____ Date _____

Address _____ Phone number _____

Follow-Up (Staff Use): _____
