

WITNESSES

Name	Address	Phone	E-Mail
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Name	Address	Phone	E-Mail

NOTIFICATIONS

√ if applicable		Date	Time	By Whom
	Parent/Guardian			
	Emergency contact (if above not available)			
	On site program supervisor			
	Program/Camp Director			
	Event/site health services of first aider			
	Emergency medical service			
	Law enforcement			
	Executive Director			
	Accountant (to alert re: insurance claim)			
	Accident insurance company			
	Liability insurance company			
	Legal counsel			
	OSHA			
	Camp Fire National			
	Other			

FOLLOW-UP

pages if needed.

Please be specific and write legibly. Use additional

Resolution/Disposition of incident:

Follow-up required – be specific; indicate what action is to be taken, and by whom:

SIGNATURES

Person Completing Report

Signature _____ Print Name _____ Date _____

On-site Program Supervisor

Signature _____ Print Name _____ Date _____

Program Director

Signature _____ Print Name _____ Date _____

Reviewed by H.R. Committee

Signature _____ Print Name _____ Date _____

Executive Director

Signature _____ Print Name _____ Date _____

Date Filed

Accountant's Signature