

# Arizona Elks Youth Camp

## Accident/Incident Report

Please Print Legibly

Site of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Organization/Group: \_\_\_\_\_

How Injury/Accident Occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injury/Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Could Injury/Accident Been Prevented: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Treatment:             First Aid                       Hospital                       None

Description of First Aid Treatment: \_\_\_\_\_

\_\_\_\_\_

First Aid Treatment By: \_\_\_\_\_

Unsafe Condition Y/N Explain: \_\_\_\_\_

Unsafe Act Y/N Explain: \_\_\_\_\_

\_\_\_\_\_  
Group Leader Signature                      Date

\_\_\_\_\_  
Camp Host Signature                      Date