



## ACCIDENT REPORT

**To be filled out by Camp Health Officer as completely as possible the same day as the accident and turned in to Sabine Creek Office.**

\_\_\_\_\_ Accident \_\_\_\_\_ Illness

Name of injured \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip code

Parent's Name \_\_\_\_\_ Address (if different) \_\_\_\_\_

Group attending with: \_\_\_\_\_

Telephone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check one: Camper \_\_\_\_\_ Guest \_\_\_\_\_ Staff member \_\_\_\_\_

Date of accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of accident \_\_\_\_\_ a.m. p.m.

Where did accident occur? (cabin, pool, sports field, blob, etc.) \_\_\_\_\_

Describe the accident. (How did the accident occur?) Give all details possible.

Name of activity: \_\_\_\_\_

Nature of injury or illness (indicate part of body injured such as broken left arm, sprained right ankle, etc.):

Was this condition present before the victim's arrival at camp? YES \_\_\_\_\_ NO \_\_\_\_\_

What First Aid was given? (Date/Time of First Aid) \_\_\_\_\_

Where was the victim taken for further treatment? \_\_\_\_\_

Activity supervised by: \_\_\_\_\_ Title \_\_\_\_\_  
(Signature)

Accident Witnessed by: \_\_\_\_\_

Camp Health Officer: \_\_\_\_\_