

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