

## Youth Camp Incident Report

Licensed youth camps are required to report any (1) fatality that occurs at camp or results from camping activities or (2) injury that occurs at camp or results from camping activities that result in a camper being admitted to a hospital or diagnosed with a fracture, concussion or second or third degree burn, shall be reported in writing to the Office of Early Childhood (OEC) no later than the next business day.

Today's Date \_\_\_\_\_ Youth Camp License Number \_\_\_\_\_

Camp Name \_\_\_\_\_

Camp Street Address \_\_\_\_\_ Town \_\_\_\_\_

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

- Check One:
- Fatality
  - Diagnosed Fracture
  - Diagnosed Second or Third Degree Burn
  - Diagnosed Concussion
  - Hospital Admission

Full Name of Individual Injured \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Camper  Staff

Description of the Incident Including Circumstances that Resulted in the Incident/Condition

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All Staff Witness(s) to the Incident \_\_\_\_\_ Contact Number(s) \_\_\_\_\_  
\_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Person(s) Responding to Incident and Treatment Provided

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Parent/Guardian Contacted \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( ) \_\_\_ - \_\_\_

Other Person(s) and Agency(s) Contacted

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Person Completing this Form \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

This report may be faxed to 860-326-0556 or mailed to Office of Early Childhood, Division of Licensing, Suite 302, 450 Columbus Boulevard, Hartford, CT 06103. A copy of this report shall be maintained on site at the camp.