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

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

All Staff Witness(s) to the Incident __________________________ Contact Number(s) ______________________

_________________________ Contact Number(s) ______________________

Person(s) Responding to Incident and Treatment Provided

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Parent/Guardian Contacted __________________________ Relationship ______________ Phone # (     ) ___ - ___

Other Person(s) and Agency(s) Contacted

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

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.