



**Headquarters
Billings Service Center**
2303 Grand Ave
Billings, MT 59102



Casper Service Center
428 S. Durbin Street, Suite 102
Casper, WY 82601



Great Falls Service Center
4930 Ninth Ave South
Great Falls, MT 59405

800.736.5243 • www.gsmw.org

Day Camp Incident Report Form

Date of Incident		Time of Incident				
Site of Incident						
Event						
Name(s) of Person(s) involved:		troop #	Girl	Adult	Staff	Other
Name of Parent/Guardian notified		Parent/Guardian Phone ()				
By whom?		Position?				
Date and time Parent/Guardian notified (refer to page 24 in the manual)						
Names and phone numbers of witnesses (attach signed statements as to incident)						
Name		Phone ()				
Name		Phone ()				
Describe incident (Specify location, what happened and why, activity at time of incident, including location of involved party and witnesses.)						
List any equipment involved						
Was person injured Yes No If yes complete the following:						
Describe injury (part of body, type of injury, etc.)						
Describe treatment given at site						
Name of First Aider						

Day Camp Incident Report Form—Page 2

Was injured taken to hospital and/or doctor's office? Yes No	If so, when
Location	
Treatment given there	
Name of physician in attendance	Released to Activities Home Other
Comments	
Injured person describe accident in own words, please include a. Location of accident. b. What I was doing and how the incident occurred. c. What, if anything, I might have done to avoid this incident.	
Signature of staff person involved	Date
Signature of adult/supervisor	Date