



Incident Report Form

Date of Incident: _____ Time of Incident: _____ Person Reporting: _____

Full Names of all involved: _____

Nature of Incident *including camp activity prior to and during the incident*: _____

Location of Incident: _____ Activity at the time: _____

What action was taken: _____

Who took action: _____ Staff Volunteer Church Staff

If first aid was administered explain treatment: _____

If major first aid was required or emergency services called please complete Medical Report Form.

When were parents/guardians notified: _____ Called Told in person Sent letter

Is follow up required by SU or church administration? Yes No

Participants Contact Information (include address, phone number and email if possible):

I declare that all the above information is accurate to the actual event that took place in this incident.

Signature of Reporter: _____ Date: _____

Submitted completed report form to Camp Director (name) _____ on (date) _____.

Submitted to Scripture Union Canada office on: _____