



Medical Report Form



Date of accident: _____ / _____ / _____ Time: _____
Month Day Year

Were parents notified? Yes No How: In writing Phone Other

Who notified them: _____ Role at camp: _____

When were they notified? _____

Where was treatment given? at accident site health station at the camp
 Doctor's office hospital

If treatment was given at camp, where? _____

By whom? _____

Was treatment given elsewhere than at camp? Yes No Where? _____

By whom? _____

Was the injured retained overnight in hospital? Yes No

Which hospital? _____ Date: _____

Name of physician in attendance: _____

Date released from hospital: _____

Released to: Camp Home Other: _____

Comments: _____

Persons notified (such as Camp Coordinator, SU Canada Office, etc.):

Name	Role at Camp	Date
_____	_____	_____
_____	_____	_____

Signature (of person reporting): _____ Role at camp: _____

Date: _____

