

Rock Lake United Church Camp
General Incident Report

Camper Surname: _____ First Name(s): _____

Cabin Leader: _____ Adult Supervisor: _____

Name of Leader in Charge: _____

Date of Incident: _____ Time: _____ Location: _____

Full details of incident: _____

Event/activity during which incident occurred: _____

Procedures followed: _____

SAMPLE

Was Parent/Guardian notified? NO YES

If yes, date/time: _____ By whom: _____

Signature of Adult Leader

Date

THIS REPORT IS TO BE SUBMITTED BY OR TO (as applicable) THE CAMP DIRECTOR