

CCIW Outdoor Ministries Incident Report Form

Pilgrim Park & Ursa & Camp Walter Scott

Name of Person Involved: _____ Age _____ Sex _____

Address of Person Involved: _____ Phone #: _____

Date of accident or incident: _____ Time: _____

Was the person involved a Camper Director/Co-Director Counselor Staff Visitor

Nature of accident, injury, or incident: _____

Describe the sequence of events in detail. Include what the person(s) involved were doing at the time and what emergency procedures (if any) were implemented:

Name and phone numbers of witnesses:

Was 911 called? yes no If yes, by whom: _____

Was person transported to hospital? yes no If yes, name of facility: _____

Retained overnight? yes no Released yes no If yes, to whom: _____

Persons notified (i.e. Christal Williams, Associate Regional Minister, Becky Lewis, Camp Manager, Parent (if minor), insurance agent, etc.)

Name	Position/Title	Date/Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by: _____ Position: _____

Date: _____ Phone Number: _____