

& DPS & RPSHWLWLRQ , QFLGHQWRHSRUW)RUP(PDJH2)

Were the parents notified? YesNo

By whom? _____ Title: _____ When: _____
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Wherewas treatment given? At accident + HDOWK 'RHWUHQV Hospital
What was the nature of the treatment?

By Whom? _____ Title: _____

Was treatment was given other than at camp? Yes No

If yes, what hospital or doctors office? _____

Name of attending physician: _____

Comments: _____

/DPDU 2IILFLDOV 1RWLILHG
Name Position Date 7 L P H

Describe any contact from the media:

Form submitted by: _____ Position _____ Date _____

Phone Number: _____

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3 2 %R[
%HDXPRQW 7;
)D[
(PDLO ULVNPDQDJPHQWBHKV#ODPDU HGX 5HYLVHG