

# Youth Camp Illness or Injury Record Form

***Please complete this section for all injury and illness records.***

Name of Sick/Injured Child \_\_\_\_\_

Male/Female/Other \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of Illness Onset/Injury \_\_\_\_\_ Time of Illness Onset/Injury \_\_\_\_\_

Staff Responsible for Supervision at Time of Injury/Illness \_\_\_\_\_

Was the Parent/Guardian Notified of the Injury/Illness?      **YES   NO**

Name of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Date and Time of Contact with Parent/Guardian \_\_\_\_\_

***If documenting an illness, complete the section below. If documenting an injury, proceed to the next section.***

Illness Symptoms and Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the child isolated in the designated area immediately?      **YES   NO**

How was the illness addressed?

- Child was sent home.
- Child was isolated and observed until their symptoms passed.
- An on-call physician was consulted, and their instruction were followed. Please describe: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

***Please document any injuries using the section below.***

Injury and Incident Description (injury type, what was the child doing, where at the camp, what happened) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was First Aid Given?      **YES**    **NO**

If YES, please describe aid given and by whom (staff, EMS, nurse, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe where the child was taken after the incident (separate area, medical facility, sent home, etc.) \_\_\_\_\_  
\_\_\_\_\_

***Please complete the section below for all injury and illness records.***

This report was completed by:

Name and Title \_\_\_\_\_

Signature and Date \_\_\_\_\_