CAF 10

Zip Code

State

CAMP & YOUTH OUTREACH PROGRAM INCIDENT REPORT Texas A&M University-Kingsville

Complete a report within 24 hours of any incident or accident involving a participant or where it was necessary to summon police officials because of health and safety concerns. Please obtain a statement from each witness involved indicating his/her recollection of the incident. Submit completed report to Dean of Students Office and Environmental Health and Safety Office.

Section A:				
Camp / Youth Outreach Program:				
Date of Incident:		Time	of Incident: _	
Location:				
Description of Incident:				
Continue on a separate page if needed				
UPD Responded? □ Yes □ No Officer: _			Case #	
Section B: Witnesses				
Name:		_ Phone #		
□ Camp Participant □ Camp Staff □ Other				
Address:				
Address:Street	City		State	Zip Code
Name:		_ Phone #		
□ Camp Participant □ Camp Staff □ Other				
Address:				

City

Street

CAMPS & YOUTH OUTREACH GROUP INCIDENT REPORT – PAGE 2

Section C. Involved Party					
Name:					
Birth date:	□ Male □ Female				
Address:					
Parent/Guardian:	Phone #:				
Was parent notified? □ Yes □ No	Notified by:				
Section D. Complete Only If Injury or Illness					
Describe Nature of injury /illness:					
Injury occurred at: □ Practice □Travel	□ Game □ Other:				
N. 1. 1 N. N.	111 0				
Medical attention: □ Yes □ No	Who?				
The many series I.D.					
Transported By:					
Is Injured / Ill person covered by any other health/accident insurance? Nome of Policyholder(s) Insurance Company Policy Number Company Address					
Name of Policyholder(s) Insurance Company Policy Number Company Address					
*If more than one person involved – add a separate page 2 for each person					
G 4' E					
Section E:					
Supervisor of Activity:	Phone #				
					
Was he/she a witness to the injury? □ Yes □ No					
Name of Reporting Party	Signature	Date Signed			
Time of Reporting Lurry	21 <u>5114141</u> V	Date Signed			
	Signature	Date Signed			
Signature of					

Camp sponsors will need to submit any claims for insurance related to this incident directly to the insurance company (per instructions on the actual claim form which can be found on the Camps Website)