



Club Accident/Illness Report

Report must be filed within 24 hours of the Accident. Phone notification to the Executive Director or Staff on Duty must be made immediately.

Club Registration number _____ Leaders Name _____

Address _____

City _____ State _____ Zip _____

Phone: H _____ w _____ Cell _____

E-mail Address _____

Activity _____

Date of Trip/Activity/Club Meeting _____ # of Youth present _____

Number of Adults Present _____

Name of Individual injured _____

Address _____

Parent/Guardians Name _____

(Attach permission slip and if trip or off site activity, a copy of the Trip planning sheet)

Date of Birth _____ Time of Accident _____

Nature of Accident or Illness. (Discribe what happened and how)

What actions were taken, treatments administered (Attach any documentation, police reports, hospital reports.)

Leaders Signature and Date _____

Camp Fire USA Patuxent Area Council
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