



Programs Serving Non- Enrolled Minors Incident Report Form

Please complete the following information within 24 hours of any incident involving injury to or affecting the health or safety of a minor participant. This form should kept in your camp folder until the participant reaches 21 yeas of age. A copy should also be sent to UniversityCompliance@ung.edu within 24 hours.

Camp Participant Information:

Youth Camp Name: _____

Participant's Name: _____

Parent/Guardian's Name: _____ Phone No: () _____

Camp Director Name: _____ Phone No: () _____

Incident Information:

Date of Incident: _____ Time of Incident: _____

Description of Injury/Illness: _____

Name(s) of Witnesses of Injury/Illness Phone No.

_____ () _____

_____ () _____

_____ () _____

Individual Transported to Hospital: ____ Yes ____ No

Actions taken: _____

Name of Individual Completing Report: _____

Phone No: () _____ Date Report Completed: _____