



## Incident Report Form

Please complete the following information within 48 hours of **any** incident involving injury to or affecting the health or safety of a participant. If there are any witnesses involved, please obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, please forward a copy to the JMU Conference Services.

Camp/Program Name: \_\_\_\_\_

Counselor/Reporting Party: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Injured/Involved Parties: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Injured/Involved Parties: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Did University Police Respond?    Yes            No

If Yes:    Officer Responding \_\_\_\_\_

Incident Report Number \_\_\_\_\_

Did Anyone Receive Medical Attention?    Yes            No

If Yes:    Where \_\_\_\_\_

Transport Provided By \_\_\_\_\_

Witness (es): (Please note the name and contact information for any witnesses to the incident)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SIGNATURES:**

Camp Sponsor \_\_\_\_\_ Date \_\_\_\_\_