



Department of Public Health and Human Services

Public Health & Safety Division ♦ Communicable Disease Control & Prevention Bureau
Food & Consumer Safety ♦ PO Box 202951 ♦ 1400 Broadway ♦ Helena, MT 59602-2951

Phone: (406) 444-2837 ♦ Fax: (406) 444-5055

Steve Bullock, Governor

Richard H. Opper, Director

Youth Camp Injury or Illness Report Form

“The operator of a youth camp must complete and submit to the department a ... report form for each illness or injury occurring at camp which results in the camper either being sent home, admitted to a hospital, or positively diagnosed as having a disease or injury after a laboratory analysis or x-ray is performed and for each fatality which stems from an injury occurring at camp.” Reference: ARM 37.111.531

Camp Name (as displayed on license) _____ License # _____

Camp Street Address _____ City _____ County _____

Organization Leasing Camp (if different) _____

Camp Operator/Person In Charge _____ Phone/Email _____

Name of Injured/Sick Child _____ Male/Female _____ Birth Date _____

Date & Estimated Time of Injury/Illness Onset _____

Type of Injury & Body Part Injured/Describe Illness Symptoms _____

Incident Description (if injury, what was the child doing, where at the camp, what happened) _____

Staff Person Responsible for Supervision of the Child at the Time of Injury/Illness: _____

Witness to Injury/Illness _____

Was First Aid Given _____ By Whom _____ Date & Time _____

Describe Aid _____

EMS (911) / Medical Professional Notified _____

Where Was the Child Taken After Incident _____

Name of Parent/Guardian Notified _____ Date & Time _____

Report Completed By _____ Date _____ Phone/Email _____

If more information is needed, who can be contacted & how (please give phone number &/or email)?

Fax this report to (406)444-5055 -or- mail to DPHHS FCS, PO Box 202951, Helena, MT, 59620

Name of Department Staff Receiving Report _____ Date _____