



# 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 \_\_\_\_\_