

INSTRUCTIONS FOR FILING AN INCIDENT REPORT

Carry several copies of the Incident Report form with your packet of youth activity permission slips.

Complete one form and return it to the Heart of Oklahoma Council office **if any of the following conditions have occurred:**

- a serious injury or illness likely to result in death or permanent disability;
- a fatal accident or illness at a Camp Fire event or facility;
- a serious behavior problem likely to result in physical or emotional harm to the person or others; or harm to property; or a situation which may involve the law and/or courts; may result in the dismissal from the program or Camp Fire USA;
- a site emergency or evacuation, i.e., fire, flood, or storm where Camp Fire people and/or property are involved;
- a missing person reported to authorities;
- an image situation;
- incidents related to candy sales;
- suspected physical, emotional, or sexual abuse;
- incident related to club fund-raisers.

If you find yourself wondering if an Incident Report should be completed, be on the safe side and report it to the Council.

INCIDENT REPORT

Return form to: Camp Fire USA, Heart of Oklahoma Council, 3309 E Hefner Rd, Oklahoma City, OK 73131

All incidents involving persons engaged in any activity under Camp Fire supervision, however minor, must be reported.

IMPORTANT:

IN CASE OF SERIOUS INJURY, NOTIFY THE CAMP FIRE OFFICE AT ONCE -- (405) 478-5646, AFTER HOURS (405) 454-3202 or (405) 919-1752.

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PLEASE PRINT

Name of Camp Fire Event _____ Date(s) _____

Location of Event _____

Staff on Duty or who received report _____ Date _____

Name of Person(s) Involved: _____
First Middle Last

Address _____
Street City State Zip

Phone (____) _____ Age _____ Sex _____

USE ADDITIONAL FORM(S) FOR OTHER PERSON(S) INVOLVED IN SAME INCIDENT

If a minor, name of parent or guardian _____

Address _____
Street City State Zip

Date Incident took place _____ Time _____

Place of Incident (give name and address or nearest landmark, street, junction, etc.) _____

Type of incident: Behavioral _____ Accident _____ Illness _____ Other (describe) _____

Condition of facility or equipment in area where incident occurred (if applicable): _____

What was the person doing when incident occurred? _____

How did the incident happen (describe fully)? _____

(if necessary attach additional page)

Apparent cause of incident _____

Parent/Guardian Notified _____ Date _____ Time _____

By Whom? _____ Date _____

