

Youth Camp Incident Report

Licensed youth camps are required to report any (1) fatality that occurs at camp or results from camping activities or (2) injury that occurs at camp or results from camping activities that result in a camper being admitted to a hospital or diagnosed with a fracture, concussion or second or third degree burn, shall be reported in writing to the Office of Early Childhood (OEC) no later than the next business day.

Today's Date _____

Camp Name _____ Address _____

Date of Incident _____ Time of Incident _____

- Check One:
- Fatality
 - Diagnosed Fracture
 - Diagnosed Second or Third Degree Burn
 - Diagnosed Concussion
 - Hospital Admission

Full Name of Individual Injured _____ Date of Birth ___/___/___ Camper Staff

Description of the Incident Including Circumstances that Resulted in the Incident/Condition

All Staff Witness(s) to the Incident _____ Contact Number(s) _____
_____ Contact Number(s) _____

Person(s) Responding to Incident and Treatment Provided

Parent/Guardian Contacted _____ Relationship _____ Phone # () ___ - ___

Other Person(s) and Agency(s) Contacted

Person Completing this Form _____ Title _____ Phone () ___ - ___
(Please Print)

Signature _____ Date ___/___/___

This report may be faxed to 860-326-0556 or mailed to Office of Early Childhood, Division of Licensing, Suite 302, 450 Columbus Boulevard, Hartford, CT 06103. A copy of this report shall be maintained on site at the camp.