



# Church of God of Prophecy

## Northeast Region – Youth Camping Ministries

### Youth Camp Incident Report

This form is to be used for **all** incidents of illness, medical accident/injury, and youth camp rule violations including all incidents where students or staff are given a **warning** in which consequences are stated, or any early departures. Incidents are to be documented **completely** turned in to youth camp administrative staff.

**Instructions:**

- Contact your camp director or coordinator (Morais Cassell), immediately (regardless of time of day) and give a detailed explanation of the incident.
- Fill out all sections of this report completely.
- Complete payment information if needed (administrative staff only).
- Turn in completed report to camp administrative staff within **12 hours**.
- Make one copy and put it in the student/staff member's file.
- Save an electronic copy for any future reference.

<b>Name(s):</b>	▪	▪
	<input type="checkbox"/> Student	<input type="checkbox"/> Staff
<b>Result:</b>	<input type="checkbox"/> Stayed at Camp	<input type="checkbox"/> Left Camp
<b>Departure Date/Time</b>	▪ Date:	▪ Time:
<b>Mode of Departure:</b>	<input type="checkbox"/> Car	<input type="checkbox"/> Plane
	<input type="checkbox"/> Bus	<input type="checkbox"/> Train
	<input type="checkbox"/> Other	
<b>Escorted By:</b>	▪	
<b>Date of Incident:</b>	▪	
<b>Time of Incident:</b>	▪	
<b>Location of Incident:</b>	▪	
<b>Camp (Discoverers, Trailblazers, Pioneers, Transitions):</b>	▪	
<b>Counselor:</b>	▪	
<b>Others Involved:</b>	▪	▪
<b>Witness(es)</b>	▪	▪
<b>Parent Notified By:</b>	▪	▪ Method (email/phone):
<b>Notified Date/Time</b>	▪ Date:	▪ Time:

<b>Damages:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Payment for damages:</b>	Cash: Check: Money Order: Billing: Credit Card Number: Expiration Date: Name on Card:	

**Type of Incident**

- |   |  |
|---|--|
| <input type="checkbox"/> Illness                                  | <input type="checkbox"/> Medical Accident/Injury                     |
| <input type="checkbox"/> Substance/Tobacco Abuse                  | <input type="checkbox"/> Sexually Related Incident                   |
| <input type="checkbox"/> Physical/Verbal Abuse                    | <input type="checkbox"/> Homesick                                    |
| <input type="checkbox"/> Property Damage (fill out payment info.) | <input type="checkbox"/> Parent Upset                                |
| <input type="checkbox"/> Out of Boundaries                        | <input type="checkbox"/> Disobedience/Disrespect to staff member (s) |
| <input type="checkbox"/> Staff/Student Relationships              | <input type="checkbox"/> Other (please be specific)                  |

**Describe the Incident/Complaint** (what happened, to whom, how, and the method of interventions):

**Conclusion** (assessment of what happened and why):

- 

**Warning/consequences stated** (if applicable):

- 

**Action taken** (include doctor's orders/follow care instructions, if applicable):

**Notes** (Include follow up information, parent contact and reaction, medical treatments, medical contacts, staff conclusion, communications with the Youth Camp Coordinator or Camp Vacamas Staff, etc.):

**Medical Situations Only:** Please give the vitals that were obtained

Medications		Allergies	
Blood Pressure		Pulse	
Pupils	(L)                      (R)	Lungs	(L)                      (R)
Temp		Respiration's	
Skin-Color, Temp, Moisture			

Incident Report Preparer \_\_\_\_\_ Phone \_\_\_\_\_  
 Date \_\_\_\_\_

Incident Report Reviewer \_\_\_\_\_ Phone \_\_\_\_\_  
 Date \_\_\_\_\_