

Please complete the following information within 24 hours of any incident involving injury to or affecting the health or safety of a Camp Participant. This form should be delivered to Founders Hall, Room 135G at 7400 University Hills Blvd, Dallas, Texas 75241, or emailed to AskRiskManagement@untdallas.edu.

Camp Participant Information:

Youth Camp Name: _____

Participant's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Phone No: () _____

Home Address: _____

City: _____ State: _____ Zip: _____

Camp Director Name: _____ Phone No: () _____

Incident Information:

Date of Incident: _____ **Time of Incident:** _____

Description of Injury/Illness: _____

Name(s) of Witnesses of Injury/Illness

Phone No.

_____	() _____
_____	() _____
_____	() _____

Individual Transported to Hospital: Yes No

Actions taken: _____

Name of Individual Completing Report: _____

Phone No: () _____ **Date Report Completed:** _____