Organizational Camp Accident / Fatality Report

State of Oregon
Oregon Health Authority
Public Health Division

Food, Pools and Lodging–Health & Safety
800 NE Oregon Street, Suite 608
Portland, Oregon 97232-2162
Phone (971) 673-0451
FAX (971) 673-0457

This report must be completed for every serious accident, those requiring off-site treatment, or any fatality involving an organizational camp program. It is the **responsibility of the camp operator** to submit the completed form promptly to the **Oregon Health Authority, Organizational Camp Program, 800 NE Oregon, Suite 608, Portland, OR 97232-2162**

Communicable diseases are to be reported to the county health department communicable disease program.

Date of Incident	**Time:** am☐ pm☐

Accident ID # **YY – MM - DD – Accession #**
Official Use Only

Victim Information – <u>Please do not identify the victim by name</u>. You are encouraged to assign an identifier to the accident in case we have to contact you.

Unique Identifier	**Victim's Residence City or Town**	**State**	**Zip Code**

❑ **Fatal** ❑ **Non-Fatal**	**Age of Victim:**(yrs)	**SEX:** ❑ M ❑ F	**Camper** ❑ **Staff** ❑

Area of the Body Injured:

Type of Injury: (Check all that Apply)

- ❑ Abrasion or Contusion
- ❑ Concussion
- ❑ Burn
- ❑ Allergy / Asthma Reaction
- ❑ Other (Specify)
- ❑ Strain or Sprain
- ❑ Fracture
- ❑ Laceration
- ❑ Diabetic Emergency

Treatment Required: (Check all that Apply)

- ❑ No Treatment
- ❑ First Aid
- ❑ CPR (❑ Manual ❑ AED ❑ Oxygen)
- ❑ Doctor's Office/Emergency Room
- ❑ Admitted to Hospital
- ❑ Other (Specify)

Camp Information

Camp License #

Name of Camp

Address **Number** **Street**

City **State** **Zip Code**

Contact Person **Position** **Phone**

Was the activity causing the injury supervised ?
☑ Yes ❑ No

The supervision was provided by
Camp Staff trained for this activity ❑
Untrained Staff or Volunteer ❑

Location of accident:	**Cause of injury or fatality: (Check all that apply)**
❑ Campsite / Cabin ❑ Dining Hall / Food Service ❑ Waterfront * ❑ Canoeing / Boating ❑ Target Sports ❑ Horseback Riding ❑ Ropes Course ❑ Arts & Crafts ❑ Hiking Trail ❑ Off-site activity:_____ ❑ Other:_____ * For swimming pool /spa incidents please use the Public Swimming Pool Accident Report form.	❑ Horseplay ❑ Improper Use of Equipment ❑ Poor / No Supervision ❑ Equipment Failure ❑ Activity Area Design ❑ Lack of Safety Equipment ❑ Non-use or Improper Use of Safety Equipment ❑ Drug / Alcohol Use or Abuse ❑ Use of chemicals, paint, cleaning supplies ❑ Weather ❑ Other (describe)

Were Others Injured: ❑ Yes ☑ No

If Yes, Name(s)

Describe what happened: (Please be legible)

Use "victim," "camper," "injured party," etc. No victim or parent names. Naming of rescuers, witnesses or others may be appropriate. Do not attach EMS, police or insurance reports in lieu of filling this section out. Other reports adding information are appropriate, but may be disposed of after review to protect the injured party's personal information.

Print or Type Name & Position:	**Signature:**	**Date:**