CAMP ELIM

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Camper Injury and Illness Report

1. *Today's date*	2. *Camp name*	3. *Report ID number*

4. *Camper's name:*

5. *Camper's address:*

6. *Age* ____ years	7. *Sex* ☐ M ☐ F	8. *Date of occurrence* _____

9. *Briefly describe the accident and subsequent injury or illness:*

Injuries

10. Location of the incident causing the injury:

- ☐ sleeping/living quarters
- ☐ kitchen/dining area
- ☐ shower/toilet
- ☐ other building
- ☐ trail or nature walk
- ☐ beach
- ☐ lake
- ☐ adventure tower & swing
- ☐ canoeing area
- ☐ basketball court
- ☐ sport or recreational field
- ☐ road or highway
- ☐ general campgrounds
- ☐ other (specify)

_____

11. What type of event caused the injury?

- ☐ falling/stumbling
- ☐ collision with person or object
- ☐ struck by another person
- ☐ struck by missile
- ☐ drowning or near drowning
- ☐ bite or sting by insect, spider or snake
- ☐ bite or wound inflicted by animal
- ☐ contact with excessive heat or flame
- ☐ using a tool (including a cutting instrument)
- ☐ contact with sharp object other than a tool
- ☐ other (specify)

_____

12. Activities at the time of the incident causing injury?

SUPERVISED:

- ☐ arts & crafts
- ☐ basketball
- ☐ adventure tower & swing
- ☐ swimming
- ☐ canoeing
- ☐ raft making
- ☐ hiking
- ☐ competitive sports/games (specify)

_____

- ☐ other (specify)

_____

UNSUPERVISED:

- ☐ fighting
- ☐ horseplay
- ☐ walking/running
- ☐ other (specify)

_____

13. Injury data *Body part*
(tick one box for each body part injured)

	head/neck	eye	upper limb	lower limb	torso	other
bruise	☐	☐	☐	☐	☐	☐
burn	☐	☐	☐	☐	☐	☐
fracture	☐	☐	☐	☐	☐	☐
cut/puncture	☐	☐	☐	☐	☐	☐
sprain/dislocation	☐	☐	☐	☐	☐	☐
other/unknown	☐	☐	☐	☐	☐	☐

14. Was safety equipment available for the camper's use?

☐ yes ☐ no

If yes, was the camper using the safety equipment properly at the time of the accident?

☐ yes ☐ no

Illnesses

15. *Diagnosis* (tick no more than one box)

A. Infectious or inflammatory diseases

- ☐ respiratory infection
- ☐ gastroenteritis (diarrhoea, vomiting)
- ☐ dental (toothache, gum abscess, etc.)
- ☐ earache or ear infection
- ☐ appendicitis
- ☐ miscellaneous/other (specify)

_____

B. ☐ Psychological Allergic diseases (asthma, pollen, foods, etc.)

☐ (Specify) _____

C. Toxic disease (insect bites, poisoning, drug use, etc.)

☐ (Specify)

_____

D. Other conditions not listed in A, B, or C (include the pertinent signs and symptoms)

- ☐ Psychological disorders - especially homesickness
- ☐ Undiagnosed conditions - fever of unknown cause, fainting, etc.
- ☐ Miscellaneous disorders/other - nose bleeds, indigestion, etc.

Signs and symptoms, if applicable: _____

General Information

16. *What treatment was given?* (tick one)

- ☐ No treatment
- ☐ Antiseptic/antibiotic
- ☐ Anti-inflamatory/analgesic
- ☐ Supportive (bed rest, physiotherapy)
- ☐ Gastrointestinal (antacid, laxative)
- ☐ Antihistaminic, decongestant
- ☐ Psychotrophics (tranquilizers, etc.)
- ☐ Other (specify)

_____

17. *Where treated?*

- ☐ No treatment given
- ☐ Treated in Camp Infirmary or First Aid Station
- ☐ Treated in Hospital Emergency Room, Clinic, Doctor's Surgery
- ☐ Treated by First Aid Officer/Ambulance Officer
- ☐ Admitted to hospital
- ☐ Other (specify)

_____

18. *Who made the diagnosis?*

- ☐ Physician
- ☐ Nurse
- ☐ Other (specify)

_____

19. *Disposition?*

- ☐ Complete recovery
- ☐ Temporary disability
- ☐ Permanent disability
- ☐ Unknown
- ☐ Fatal

20. *Was the camper sent home as a result of this injury?*

☐ Yes ☐ No

21. *Did the camper have pathology tests or x-rays?*

☐ Yes ☐ No

22. *Were any changes made in the camp, its environment, or its operation as a result of this illness or injury?*

☐ Yes ☐ No ☐ n/a

If yes, what changes? (tick no more than three boxes)

- ☐ Restricted camper
- ☐ Insects sprayed
- ☐ Individual isolated
- ☐ Rest periods increased
- ☐ Supervision
- ☐ Rules changed or added
- ☐ Camp area/s restricted
- ☐ Bunks re-arranged
- ☐ Use of disinfectants increased
- ☐ Repairs or improvements
- ☐ Miscellaneous/other (specify)

_____

Completed by _____ *Title* _____

(Signature)