

CAMP ELIM

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Camper Incident Report Form

1. <i>Report date:</i>	2. <i>Camp name:</i>	3. <i>Report ID number:</i>
4. <i>Camper's name:</i>		
5. <i>Camper's address:</i>		
6. <i>Camper's phone number: (Home)</i> <i>(Mobile)</i>		
7. <i>Email address:</i>		
8. <i>Age</i> ____ <i>years</i>	9. <i>Sex</i> <input type="checkbox"/> <i>M</i> <input type="checkbox"/> <i>F</i>	10. <i>Date & time of incident:</i>

11. *Briefly describe the incident (details of injuries or illness to be reported on Camper Illness & Injury Report):*

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Signature: _____