

Rock Lake United Church Camp  
Medical Incident Report

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Cabin Leader: \_\_\_\_\_ Adult Supervisor: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Full details of incident which caused accident/illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full description of injury/illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If accident, name of the Leader in Charge: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was Parent/Guardian notified?      NO       YES

If yes, date/time: \_\_\_\_\_ By whom: \_\_\_\_\_

IF OFF-SITE MEDICATION/ATTENTION WAS REQUIRED

Hospital/Clinic Attended: \_\_\_\_\_

Attending Doctor: \_\_\_\_\_

Was medical authorization form taken with patient?      NO       YES

Signature of Nurse/First Aid Attendant

Date

THIS REPORT IS TO BE SUBMITTED TO THE CAMP DIRECTOR