

CAMP AND PROGRAM FOR MINORS INCIDENT REPORT FORM



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

Privacy Notice: The information on this form together with any attachments is the property of Texas A&M Health Science Center (HSC). State Law requires that you be informed that you are entitled to: (1) request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge to you.

Instructions: Please complete the following information within 48 hours of any incident involving injury to or affecting the health or safety of a participant, staff or volunteer. If there are witnesses involved, please obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, please forward a copy to Risk Management at hsc-camps@tamhsc.edu.

Program Information	
Camp or Program Name: _____	Date: _____
Counselor Reporting Party: _____	Phone: _____
Incident Details	
Date of Incident: _____	Time of Incident: _____
Location of Incident: _____	
Injured/Involved Parties: _____	
Address: _____	
Parent/Guardian Name: _____	
Address: _____	
Email Address: _____	Phone: _____
Description of Incident	
Law Enforcement/Ambulance	
Did Police Respond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case No. _____
If Yes, please state which agency and Officer Responding: _____	
Did anyone Receive Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transport Provided By: _____	
Witness(es): <i>Please note the name and contact information for any witnesses to the incident.</i>	
Name: _____	Phone: _____
Address: _____	
Name: _____	Phone: _____
Address: _____	
SIGNATURES	
Sponsor: _____	Date: _____
Department Head: _____	Date: _____

SUBMIT FORM TO: Email: hsc-camp@tamhsc.edu	NEED HELP? (979) 436-9250 kathy.miller@tamhsc.edu
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INTERNAL USE ONLY	Date Received	Date Closed:
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