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 # YYYY – MMDD - County #
Official Use Only

Victim Information

First Name	MI	Last Name
Address Number	Street	Apt.#
City or Town	State	Zip Code

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

Area of the Body Injured: (Check all that Apply)

- ❑ Head
- ❑ Trunk
- ❑ Arm / Hand / Finger
- ❑ Leg / Foot / Toe
- ❑ Other (Specify)

Type of Injury: (Check all that Apply)

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

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** Trained Camp Staff ❑ Untrained or Volunteer ❑

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

Were Others Injured: ❑ Yes ❑ No

If Yes, Name(s)

Describe what happened: (Please be legible)

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