



GKC Camper Incident Report

Name of Camper: _____ Date/Time _____

Type and Circumstance of the Injury: _____

What staff members were present and what treatment was made: _____

Date/Time & Method Parents Were Notified: _____

Future Action (if any) to prevent recurrence: _____

Staff and Parent Signatures (or 2 staff signatures): _____

Parent Comments on Notification (or staff comment if parent will not comment) _____

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