

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
COMMUNITY SANITATION PROGRAM
RECREATIONAL CAMPER INJURY REPORT FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.** PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Camp: _____

2. Address: _____ City/ Town _____

3. Name of Camp Director: _____ 4. Telephone: _____

5. Today's Date: _____ 6. Date of Injury: _____ 7. Time of Injury: _____ (AM/PM)

8. Did the injury involve a camper, staff person or both : _____

9a. Age of Camper and/or Staff Person: _____ 9b. Gender: Male _____ Female _____

10. Briefly describe the incident and subsequent injury: **(Please do not include personal identifying information)**

11. If the injury occurred outdoors, what were the weather conditions at the time of the incident?

Report ID Number

(continued over)

12. Did the injury occur on the campground? If not, specify the off-site location where the injury occurred.
(please describe the exact location)

13. What body part(s) were injured:

01. Head/Skull _____ 02. Face _____ 03. Neck _____ 04. Arm _____ 05. Hand _____

06. Back _____ 07. Abdomen _____ 08. Leg _____ 09. Ankle _____ 10. Foot _____

11. Other, please specify _____

14. How did injury occur?

01. Falling _____ 02. Collision with person or object _____ 03. Struck by another person or object _____

04. Drowning or near drowning _____ 05. Bite or Sting _____ 06. Cut _____ 07. Burn _____ 08.

Other, please specify _____

15. Where was the injured person treated?

01. Treated in camp infirmary _____ 02. Treated in hospital Emergency Room, Physician's Office _____ 03. Admitted to
Hospital _____ 04. Other, please specify _____

16. Was the camper sent home as a result of the injury?

Yes _____ No _____

17. Was more than one camper injured? Yes _____ No _____ If Yes, how many ? _____

18. Did the injury involve alleged abuse / neglect ? Yes _____ No _____

19. What changes were made in the camp, its environment, or operation as a result of this injury to prevent a reoccurrence?

Please describe specific changes made:

PLEASE MAIL OR FAX CAMPER INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
COMMUNITY SANITATION PROGRAM 250
WASHINGTON STREET-7th FLOOR BOSTON, MA
02108-4619 TELEPHONE (617)-624-5757
FAX (617) 624-5777 (Revised

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