

**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)**

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\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Report ID Number

(Internal Use Only)

(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)

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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:

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***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