Massachusetts Department of Public Health
Community Sanitation Program
Recreational Camp 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. Street Address (please indicate the camp’s in-session, physical address):
   City/Town: ____________________________________________ Zip Code: ________________

3. Name of Camp Director: ________________________________ 4. Telephone: ____________________________

5. Name of Person Completing Form: __________________________

6. Today’s Date: ________________ 7. Date of injury: ________________ 8. Time of Injury: ____________ □ AM □ PM

9. Enter the number of campers and staff who were injured: ___Camper___Staff member

Note: Fill out a separate form for each injured person

10. a) Age of person whose injury is described on this form: __________  b) Gender: □ M □ F

11. Where did the injury occur? □ On camp property □ Off camp property

12. Please specify the type of facility where the injury occurred:
   □ Athletic or recreational facility  □ Pool
   □ Dorm or sleeping quarters  □ Other water body (not pool)
   □ Motor vehicle  □ Other, please specify: ________________________________

13. What was the incident outcome? Please check all that apply:
   □ Injury □ Illness □ Death

14. Explain in detail how the injury occurred (e.g. what type of activity was the injured person engaged in when the injury occurred) and describe the nature of the injury. Do not include names or other personal identifying information regarding the injured person or other involved parties.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Report ID # (internal use only): ______-_______-_______
Cross-reference # (internal use only): ______-_______-_______

(continued over)  Revised October 2014
15. Type of injury. Please check all that apply:

- Alleged abuse or neglect
- Burn
- Fracture or dislocation
- Psychological or mental health issue
- Other, please specify:

- Allergic reaction
- Concussion
- Heat or cold (e.g., heat exhaustion, hypothermia)
- Undetermined
- Other, please specify:

- Bite or sting
- Cut or laceration
- Muscle strain
- Viral or bacterial infection
- Other, please specify:

- Bruise or contusion
- Drowning
- Near drowning

16. What body part(s) were injured? Please check all that apply:

- Head, neck, and/or face
- Torso, please specify:
  - Abdomen
  - Back
  - Chest
  - Hip
  - Upper extremity, please specify:
    - Arm
    - Fingers
    - Hand
    - Shoulder
    - Wrist
  - Lower extremity, please specify:
    - Ankle
    - Foot
    - Knee
    - Legs
    - Toes
  - Internal
  - Other, please specify:

17. Where was the person treated? Please check all that apply:

- Admitted to hospital
- Off-site medical facility (e.g., emergency room, physician’s or dentist’s office)
- On-site medical facility (e.g., clinic or infirmary)
- Other, please specify:

18. Was injured person sent home?  Yes  No

19. Did your camp change equipment, policies, or procedures as a result of this incident?  Yes  No

20. If yes, please check all that apply:

- Activity removed or forbidden
- Changes to equipment implemented
- Venue changed or altered
- Other, please specify:

- New safety procedures implemented
- Safety education updated

21. Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.


PLEASE MAIL, FAX, OR EMAIL CAMP 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
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