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**Summer Camp Incident Report**

This form is to be used for all incidents of illness, medical accident/injury, and summer camp rule violations including all incidents where students or staff are given a warning in which consequences are stated, or any early departures. Incidents are to be documented completely and emailed to Montana GEAR UP office in Helena.

Instructions:

1. Call Katie Meier the Montana GEAR UP College Access Manager at (406) 444-0350 immediately (regardless of time of day) and give a detailed explanation of the incident.
2. Fill out all sections of this report completely.
3. Complete payment information if needed.
4. Email the completed report to [kmeier@montana.edu](mailto:kmeier@montana.edu) within 12 hours.
5. Make one copy and put it in the student/staff member’s file.
6. Save an electronic copy for any future reference.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name(s):** |  | |  | | | |
|  | (Double click on appropriate box and click on “check” ok) | | | | | |
|  | Student | | Staff | | | |
| **Result:** | Stayed at Camp | | Left Camp | | | |
| **Departure Date/Time** | * Date: | | * Time: | | | |
| **Mode of Departure:** | Car | Plane | Bus | | Train | Other |
| **Escorted By:** |  | | | | | |
| **Date of Incident:** |  | | | | | |
| **Time of Incident:** |  | | | | | |
| **Location of Incident:** |  | | | | | |
| **Day of camp: (1-7)** |  | | | | | |
| **Campus Host:** |  | | | | | |
| **Team/Group:** |  | | | | | |
| **Team Leaders:** |  | | |  | | |
| **Others Involved:** |  | | |  | | |
| **Witness(es)** |  | | |  | | |
| **Parent Notified By:** |  | | | * Method (email/phone): | | |
| **Notified Date/Time** | * Date: | | | * Time: | | |
| **Damages:** | Yes | | | No | | |
| **Payment for damages:** | Credit Card Number:  Expiration Date:  Name on Card: | | |  | | |

**Type of Incident**

|  |  |
| --- | --- |
| Illness | Medical Accident/Injury |
| Substance/Tobacco Abuse | Sexually Related Incident |
| Physical/Verbal Abuse | Homesick |
| Property Damage (fill out payment info.) | Parent Upset |
| Out of Boundaries | Other (please be specific) |
| Staff/Student Relationships |  |

**Describe the Incident/Complaint** (what happened, to whom, how, and the method of interventions)**:**

**Conclusion** (assessment of what happened and why)**:**

**Warning/consequences stated** (if applicable)**:**

**Action taken** (include doctor’s orders/follow care instructions, if applicable)**:**

**Notes** (Include follow up information, parent contact and reaction, medical treatments, medical contacts, team conclusion, communications with the Summer Camp Coordinator or Montana GEAR UP/OCHE, etc):

**Medical Situations Only:** Please give the vitals that were obtained

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medications |  | | Allergies |  |
| Blood Pressure |  | | Pulse |  |
| Pupils | (L) (R) | | Lungs | (L) (R) |
| Temp |  | | Respiration’s |  |
| Skin-Color, Temp, Moisture | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Report Preparer |  | Phone |  |
| Date |  |  |  |
|  |  |  |  |
| Incident Report Reviewer |  | Phone |  |
| Date |  |  |  |