

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR PUBLIC HEALTH  
DIVISION OF PUBLIC HEALTH PROTECTION AND SAFETY



<b>Kentucky Youth Camp Accident/Illness Report</b> Department for Public Health Division of Public Protection and Safety Environmental Management Branch 275 East Main Street HS1C-D Frankfort, Kentucky 40621		<b>INSTRUCTIONS:</b> The camp shall report to the Department for Public Health any serious accident or illness, which requires medical treatment other than First Aid and which occurs while the facility, is in operation. In case of a fatality, the cause of death must be included in this report.	
1. Name of Youth Camp		2. Permit Number	
3. Youth Camp Address (Street, City, Zip)		4. County	5. Phone
6. Name of Injured Camper	7. Home Address (Street, City, Zip, Phone)	8. Age	9. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Date of accident or illness	11. Where did accident happen?		
12. Briefly describe the accident or illness.			
13. What caused the accident or illness to happen? (What was the camper doing?)			
14. What first aid or treatment was given or action taken?			
15. How was the accident or illness diagnosed?		16. Were any handicaps, health problems, or exceptions listed on camper's personal data records? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	
17. Name of diagnosing physician			
18. If a fatality involved, cause of death?		19. Local Coroner notified <input type="checkbox"/> No <input type="checkbox"/> Yes Autopsy performed <input type="checkbox"/> No <input type="checkbox"/> Yes	
20. Were any changes made in the camp, its environment, or its operation due to the accident? If yes, explain:			
21. Signature of person completing report		22. Title	23. Date

NOTE: This form shall be completed as required by Section 14(8) of the Youth Camp Regulation and submitted to the department immediately or by the next business day.