

(APPENDIX 11)

ESA CAMPING AND CONFERENCE CENTRE - ILLNESS/ INJURY AND 'NEAR MISS' RECORD
(PLEASE USE THE BACK OF THIS SHEET TO ADD ANY FURTHER RELEVANT INFORMATION)

NAME OF CAMP GROUP (E.G. SCHOOL, CHURCH NAME)

DATE OF ACCIDENT: DATE FORM COMPLETED:

TIME OF ACCIDENT:.....NAME OF INJURED PERSON:

.....

AGE OF INJURED PERSON:.....M / F (PLEASE CIRCLE) DATE OF BIRTH:

ADDRESS OF INJURED PERSON:

.....

.....

LOCATION OF INCIDENT (BE SPECIFIC):

.....

.....

ACTIVITY BEING UNDERTAKEN AT THE TIME/ EQUIPMENT BEING USED

.....

.....

FACTUAL DESCRIPTION OF INCIDENT (WHAT ACTUALLY HAPPENED)?

.....

.....

WHAT INJURY / INJURIES OCCURRED?

.....

FRACTURE	DISLOCATION	BRUISE	CONCUSSION
STRAIN	BURN/SCALD	CRUSHING/AMPUTATION	DENTAL
SPRAIN	BITE/STING	LACERATIONS/CUTS	IRRITATION/ALLERGY

DESCRIPTION.....

HEAD (SKULL, FACE, JAW, EAR, EYE, NOSE, NECK, TEETH)	LEFT/RIGHT EYE
TRUNK (CHEST, ABDOMEN, BACK, BUTTOCKS, PELVIS, SPINE)	UPPER/LOWER
ARM (SHOULDER, ELBOW, FOREARM, WRIST, HAND, FINGER, THUMB)	LEFT/RIGHT
LEG (HIP, THIGH, KNEE, ANKLE, FOOT, TOES)	LEFT/RIGHT
INTERNAL	

RELEVANT MEDICAL HISTORY

.....

.....

.....

NAME AND CONTACT NUMBER OF SUPERVISING ADULT AT THE TIME OF THE INCIDENT

.....

NAME, ADDRESS AND TELEPHONE NUMBER OF FIRST AIDER

.....

.....

SIGNED

DATED

“NEAR MISS” INCIDENT REPORT – PLEASE LET US KNOW IF AT ANY STAGE YOU, OR A MEMBER OF YOUR GROUP WAS INVOLVED IN AN ACTIVITY/SITUATION WHERE AN ACCIDENT/ INJURY ‘NEARLY’ OCCURRED . . . YOUR ASSISTANCE IN THIS MATTER WILL HELP US TO ASSESS POTENTIAL HAZARDS AS THEY ARE BROUGHT TO OUR ATTENTION. THANK-YOU.

NAME DATE CONTACT PH. NO.

FURTHER COMMENTS, QUESTIONS, CONCERNS:

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.....

WHAT TREATMENT FOLLOWED (OWN FIRST AID? LOCAL MEDICAL CENTRE? HOSPITAL? AMBULANCE?) BE SPECIFIC

MEDICAL TREATMENT REQUIRED ? YES / NO MEDICAL FACILITY

PARENTS CONTACTED :- YES / NO CAMPER WILL: REMAIN AT CAMP / CAMPER GOING HOME (CIRCLE)

TO BE COMPLETED BY TREATING MEDICAL PRACTITIONER

DATE: TIME:

NAME OF PRACTITIONER.....QUALIFICATION.....

TREATMENT PROVIDED

SUGGESTED FOLLOW-UP / TREATMENT REQUIRED

FURTHER COMMENTS.....

SIGNATURE: