



THE BOYS' AND GIRLS' CHRISTIAN BRIGADE CANADA

Accident and Incident Report Form

This form must be completed in Black or Blue ink only.

Company name: _____

Name of person injured: _____

Date of Occurrence: _____

Time of Occurrence: _____

Place of Occurrence: _____

Give a full description of the accident/incident circumstances, including a description of any apparatus or equipment involved and any injuries received.

Give a full description of treatment provided.

Signature of person providing aid: _____

Signature of Camp Director: _____

Signature of Parent/Guardian: _____
(If applicable)