

**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 and local Health Department 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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15. Type of injury. Please check all that apply:

- Alleged abuse or neglect
- Allergic reaction
- Bite or sting
- Bruise or contusion
- Burn
- Concussion
- Cut or laceration
- Drowning
- Fracture or dislocation
- Heat or cold (e.g., heat exhaustion, hypothermia)
- Muscle strain
- Near drowning
- Psychological or mental health issue
- Undetermined
- Viral or bacterial infection
- Other, please specify: \_\_\_\_\_

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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
- New safety procedures implemented
- Safety education updated
- Venue changed or altered
- Other, please specify: \_\_\_\_\_

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

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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  
[celestine.payne@state.ma.us](mailto:celestine.payne@state.ma.us)

Northampton Health Department  
212 Main Street  
Northampton, MA 01060  
Telephone 413-587-1339 Fax 413-587-1221  
[ahutchins@northamptonma.gov](mailto:ahutchins@northamptonma.gov)