

**ANNUAL ACCIDENT REPORT  
 YOUTH CAMP SAFETY ACT**

**INSTRUCTIONS:**

*In accordance with N.J.A.C. 8:25-5.1(f), report all accidents resulting in death or serious injury. DO NOT INCLUDE minor injuries which require only first aid treatment and which do not involve professional medical treatment, loss of consciousness, restriction of activity or motion, or premature termination of the camper's stay at the camp. Complete and forward this form within five days of the closure of the camp, or no later than September 15, whichever date is sooner. Use the codes provided to complete the requested information. If no reportable incidents occurred, submit a negative report by writing "NO REPORTABLE INCIDENTS" across the front of the form, and complete the signature area at the bottom. Mail this form to the address listed above; retain a copy for your records.*

Name and Mailing Address of Owner or Corporation (Include Camp Name)					Report Year				
					(WEB)				
					Permanent Camp ID Number				
Location of Camp									
Date of Incident	Reporting Criteria Code(s)				Full Name of Camper	Description of Incident			Check If Death Resulted
	1	2	3	4		Location Code	Activity Code	Injury Code(s)	
Name and Title of Responsible Official (Please Print)						Telephone Number			
Signature of Responsible Official						Date			