REPORT OF ACCIDENT OR ILLNESS

(Please Print Clearly or Type)
Mail to: Suffolk County Council, BSA; 7 Scouting Blvd., Medford, NY 11763
Fax: 631-924-7145 (Original report must be mailed in if faxed)

Date of Occurrence:_____ Tour Permit Number *(if applicable)*:_____

Type of Occurrence *(check one)*: Y Serious Illness Y Serious Injury

Name:_____ Age:_____

Unit: _____ District:_____

Time of Accident/Illness: _____ AM PM Place:_____

Type of Event *(meeting, campout, etc.)*: _____

If event was a council or district camp or activity, was this person a:
YParticipant YParent YStaff Member

Type of Accident: _____

How did the accident occur *(explain)*:_____

_____

_____

If illness, date illness started:_____

Person in charge at time of occurrence:_____ Position: _____

Parent, guardian or next of kin:

Name:_____ Telephone:_____

Address:_____
Street Town State Zip

Emergency treatment given *(if any)*: _____
_____.

Name of attending physician:_____

Name of parent/guardian notified: _____ How?_____

By whom?_____ Date:_____Time:_____ AM PM

Witnesses to accident:

	Name	*Address*	*Telephone*
1.	_____	_____	_____
2.	_____	_____	_____

Signed:_____ Position_____
By person making report

Print Name: _____ Date:_____