# Massachusetts Department of Public Health
# Community Sanitation Program
# Recreational Camp Injury Report & Notification Form

This form is issued pursuant to 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV) which requires a camp to submit a report of each fatality or serious injury as a result of which a camper, staff person, or volunteer is sent home, or is brought to the hospital or a physician's office and a positive diagnosis is made. (105 CMR 430.154) Injuries include, but are not limited to, suturing or resuscitation needs, broken bones, or hospital admittance.

**A copy of this report must be sent to the Massachusetts Department of Public Health and the local Board of Health within SEVEN (7) days of the occurrence of the injury.**

**This form may also be used for notification of filing a 51A Report with the Department of Children and Families (DCF)** (105 CMR 430.093). If using for that purpose, please ONLY fill out questions # 1 - 6, and 22.

**PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EACH 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: _____

**If a fatality or serious injury occurred at camp, complete the following. To notify of a 51A filing ONLY, skip to Question 22:**

**7.** Date of Incident: _____ **8.** Time of Incident: _____ ☐ AM ☐ PM

**9.** Number of individuals who were injured or ill: ____Camper ____Staff Person ____Volunteer

***Note: Fill out a separate form for each injured individual***

**10. a)** Age of individual whose incident is described on this form: _____ **b)** Gender: ☐ M ☐ F

**11.** Where did the incident occur? ☐ On camp property ☐ Off camp property

**12.** Please specify the type of facility where the incident occurred:

- ☐ Athletic or recreational facility
- ☐ Dorm or sleeping quarters
- ☐ Motor vehicle
- ☐ Pool
- ☐ Other water body (not pool)
- ☐ Other, please specify: _____

**13.** What was the incident outcome? Please check all that apply:

☐ Injury ☐ Illness ☐ Death

**14.** Explain in detail how the incident occurred (e.g. the type of activity was the individual was engaged in, the initial symptoms exhibited) and describe the nature of the injury or illness. **Do not include names or other personal identifying information regarding the injured individual or other involved parties.**

_____

_____

_____

**15.** Type of injury or illness. Please check all that apply:

- ☐ 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 in space below:

_____

**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: COVID-19

**17.** Where was the individual 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 the individual 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 prohibited
- ☐ 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.

_____

_____

_____

**22.** Did a suspected incident of child abuse or neglect occur at camp, resulting in the filing of 51A report to DCF? ☐ YES ☐ NO
If yes, date report sent to DCF:_____

PLEASE MAIL, FAX, OR EMAIL CAMP INJURY REPORTS TO:

1) 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

2) Wellesley Health Department
Telephone: 781.235.0135 / Fax 781.235.4685