

# UNT | DALLAS™

## Department of Public Safety Risk and Emergency Management

### Programs for Minors Incident Report Form

Youth Camp Name: \_\_\_\_\_  
Camp Director Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Description of Incident:

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Participant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name phone and email of Witnesses to the Incident:

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Post Incident Action Taken, including name of hospital or health care facility:

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Name of Individual Completing Report: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone/Email: \_\_\_\_\_