



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Food and Recreational Safety  
 P.O. Box 8911, Madison, WI 53708-8911

Wis. Admin. Code § ATCP 78.29

## Recreational and Educational Camp Death, Injury, & Illness Report

The camp shall report incidents resulting in serious injury, illness, or death, where an emergency medical service response is required, by the end of the next working day following the incident, by phone or email to the department or its agent. Completion of this form is recommended to meet reporting requirements. Failure to report incidents is subject to compliance action under *Wis. Stat. ch. 97 and Wis. Admin. Code ch. ATCP 78*. Personally identifiable information you provide may be used for purposes other than that for which it was collected. *Wis. Stat. § 15.04 (1)(m)*.

Important Note: Report only those injuries or illnesses that require assistance from emergency medical service response is required. Please print all information.

Email the completed form to [datcpdfsrec@wisconsin.gov](mailto:datcpdfsrec@wisconsin.gov) or, if licensed by an Agent Health Department, contact your them to determine how to submit form and meet the submission deadline.

ESTABLISHMENT/DBA INFORMATION:									
ESTABLISHMENT NAME						LICENSE/ID #			
ESTABLISHMENT STREET ADDRESS				CITY:			STATE	ZIP	
LEGAL LICENSEE NAME									
CONTACT PERSON					PHONE NUMBER				
INJURED PARTY INFORMATION									
LAST NAME OF INJURED PARTY		FIRST NAME		MIDDLE	D.O.B. (mm/dd/yyyy)		<input type="checkbox"/> CAMPER <input type="checkbox"/> STAFF <input type="checkbox"/> VISITOR		
ADDRESS			CITY			STATE	ZIP	PHONE NUMBER	
NAME OF PARENT/GUARDIAN (IF MINOR)						PHONE NUMBER			
ADDRESS			CITY			STATE	ZIP		
INCIDENT INFORMATION									
TYPE OF INJURY: <input type="checkbox"/> INJURY <input type="checkbox"/> DEATH <input type="checkbox"/> ILLNESS									
DATE OF INCIDENT	DAY OF WEEK	MONTH		DAY	YEAR		TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>Detailed description of incident</b> ( <i>Describe the sequence of activity in detail, including what the injured person was doing at the time of the incident and location on the premises or primitive camping area where incident occurred</i> ):									

If incident occurred during aquatic program activity, list name(s) of lifeguard on duty:			
NAME		NAME	
NAME		NAME	
Check applicable immediate treatment provided prior to ambulance arrival: <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> AED			
By whom?			
SUBMITTED BY		POSITION	DATE
			PHONE

<b>OFFICE USE ONLY:</b>	
<b>AGENT HEALTH DEPARTMENT OR DATCP FIELD SANITARIAN USE ONLY</b>	
NAME	TITLE
AGENCY	DATE
EMAIL ADDRESS	PHONE NUMBER
COMMENTS	
OFFICIAL'S SIGNATURE	PRINTED NAME
<b>Agent or DATCP Sanitarian –</b> <i>please submit documents by email to:</i> DATCPDFRSRetail@wi.gov (for a food facility) DATCPDFRSRec@wi.gov (for a recreational facility)	<b>Or mail to:</b> DATCP – DFRS Attn: Technical Section PO Box 8911 Madison, WI 53708-8911
License Category:	