

OHIO DEPARTMENT OF HEALTH

_____ HEALTH DISTRICT

RV Park, Recreation Camp, Combined Park—Camp, Resident Camp, Day Camp

INJURY REPORT

Name of Park or Camp _____

Location _____

Date and Time	Name of Victim	Age	Description of Accident and Injuries	First Aid Treatment	Medical Authorities Contacted

ANIMAL REGISTER

HEATH DISTRICT

CAMP NAME _____

Animal Owner: Name Home Address Home phone	Camp Site Number	Animal Type	Dates of Stay	Last Lodging Site	Next Destination

CAMP OPERATORS MUST NOTIFY THE HEALTH DISTRICT ABOVE IMMEDIATELY OF ANY HUMANS BITTEN BY ANIMALS

When bitten by an animal:

1. WASH THE WOUND thoroughly for at least ten minutes with soap and water; use an antiseptic if available. If you have no water, flush the wound repeatedly with any liquid, such as a soft drink.
2. CALL A DOCTOR. Many disease can be transmitted through animal bites and prompt treatment is advisable.
3. REPORT THE BITE to the local health department.

NAME OF HEALTH COMMISSIONER _____

_____ HEALTH DEPARTMENT

_____ Address

_____ Telephone Number

4. Try to pen up the animal.
5. If the animal is escaping and must be shot, try to avoid damaging the brain. A live animal is best to watch for symptoms of rabies but a dead animal is better than no animal at all.