

**Instructions: See Instructions on back of form prior to completing**

eHIPS Incident Number: \_\_\_\_\_

## FACILITY INFORMATION

Camp Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Camp Type:  Day  Overnight    Camp for developmentally disabled?  Yes  No    Date Reported \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
to Local Health Department

Incident Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Incident Time: \_\_\_\_\_:\_\_\_\_\_ (Military time)

Location of Incident:  In Camp  Out-of-Camp    Specify: \_\_\_\_\_

Does the camp participate in the Epinephrine administration program?  Yes  No

## VICTIM INFORMATION

eHIPS Victim ID: \_\_\_\_\_

Name of Patient: _____
Home Address Street _____
Town, Village or City _____ State _____
Name of Parent or Guardian _____
Home Phone Number (_____) _____

**Material in shaded area is confidential**

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Female  Male

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  
 Other\* \_\_\_\_\_ Specify for \* \_\_\_\_\_

## EVENT INFORMATION

Type of Incident Resulting in Need to Administer Epinephrine:

Bee Sting  Other Insect Bite \*  Asthma Attack  Food Allergy\*  Other\*

\* Specify: \_\_\_\_\_

Time Epinephrine administered: \_\_\_\_\_:\_\_\_\_\_ (Military time)    Number of auto-injector administrations: \_\_\_\_\_

Type of Epinephrine Injector:  Epi-pen®  Epi-pen Jr.®  Other Specify: \_\_\_\_\_

Where on body was epinephrine injected? \_\_\_\_\_

Indicate source of Epinephrine:  Camp Supply  Patient Prescription  EMS supply  Hospital Supply  
 Other Specify: \_\_\_\_\_

Epinephrine Administered by: Name: \_\_\_\_\_ Indicate applicable certification(s) below

- Doctor  Nurse Practitioner  Physician's Assistant  RN  LPN  EMT  First Aid Certified Staff  
 Self-Administered  Other \_\_\_\_\_

Epinephrine training course:  NYS EMS  Red Cross  None  Other \_\_\_\_\_

Name of EMS agency providing care: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and location of health care facility patient was transported to: \_\_\_\_\_

Was patient admitted?  Yes  No

**Narrative: Provide a written description of the event on back of form.**

