

Accident/Incident Report

Program: _____	Site: _____	Troop/Group # _____	SU # _____
Site Address _____			
(Street & Number)	City	State	Zip

Name of person involved _____ Age _____ Sex _____

Volunteer Visitor
 Girl Scout Staff
 (circle one) **G/A**

Address _____ Phone _____

Street & Number Apt # City State Zip Area Code / Number

Name of Parent/Guardian (*if minor*) Mr. Mrs. Ms. Rev. Dr. Other _____

Address _____

Street & Number Apt # City State Zip

Home Phone _____ Work Phone _____

Area Code / Number Area Code / Number

Email: _____

Type of incident Behavioral Accident Epidemic Illness Other (specify: _____)

Date of incident/accident _____ Hour _____ a.m. p.m.

Day of Week Month Day Year

Description of Injury/illness (If applicable) _____

Describe the circumstances, activity, and/or situation that led to the accident/incident _____

Describe the accident/incident: _____

List all Witnesses:

<u>Full Name</u>	<u>Address (including zip code)</u>	<u>Area Code/Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Was any equipment involved in the accident/incident? Yes No If so, what kind? _____

What could the injured have done to prevent the injury? _____

Emergency Procedures followed at the time of the incident/accident _____

By whom? Name _____ Title/Position _____

This report submitted by _____ Position _____ Date _____

Medical Report of Accident

Were parents/guardians notified? Yes No If yes, Time: _____ Date: _____

By whom? _____ Title _____

Parent/Guardian Response _____

Where was treatment given?

Accident site: Where? _____ Date _____

Treatment given _____

By whom _____ Title _____

Health Service: Was injured retained overnight? Yes No When? _____

Treatment given _____

By whom? _____ Title _____

Date released _____

Released to Camp Activities Home Other _____

Hospital/ Clinic: Name _____ Address _____

Was injured retained in hospital overnight? Yes No Date _____

Name of attending physician _____

Date released _____

Other: _____

Return to Site? Yes No Date _____

Comments _____

Persons Notified (council staff, site owner, etc.)

<u>Name</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any contact made with/by media regarding this situation _____

Signature of Person Completing this form:

Print _____ Signature _____

Date _____ Position _____