



# Accident/Incident Report Form

All accidents/incidents occurring at a Girl Scout activity that **might require medical help** must be reported. Send this form immediately to: Girl Scouts San Diego, Attn: Sandy Sultz, 1231 Upas St., San Diego, CA 92103-5199 or e-mail [ssultz@sdgirlscouts.org](mailto:ssultz@sdgirlscouts.org) or fax (619) 298-2031. If more than one person has been injured, complete a separate form and send them together describing the accident/incident only once.

Resident Camp     Day Camp     Outdoor Program     Council Sponsored Event    Date \_\_\_\_\_

Service Unit Event     Troop    Name of event \_\_\_\_\_

Camper/Girl     Adult     Boy

Person injured \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent/guardian name(s) \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is the injured person a registered Girl Scout?  Yes  No    If a minor, give age \_\_\_\_\_

If a girl, which program age level (circle one) Daisy    Brownie    Junior    Cadette    Senior    Ambassador

Troop # \_\_\_\_\_ Service unit \_\_\_\_\_ GSUSA ID # \_\_\_\_\_

Names/Addresses of witnesses (Attach signed statements as to incident.):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Date of accident/incident: \_\_\_\_\_ Time of accident/incident: \_\_\_\_\_  a.m.  p.m.

Describe sequence of activity in detail including what the injured person was doing at the time: (Attach additional sheet if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where accident/incident occurred? (Specify location, including location of injured and witnesses. Use diagram to locate person and objects. Attach additional sheet if needed.)

Any equipment involved in accident/incident: \_\_\_\_\_

What could injured have done to prevent the accident/incident? \_\_\_\_\_

Emergency procedures followed at time of accident/incident: \_\_\_\_\_

### Medical Report of Accident/Incident

Were parents notified?  Yes  No     In writing     By phone     Other \_\_\_\_\_

By whom? \_\_\_\_\_ Title \_\_\_\_\_ When? \_\_\_\_\_

Parents response: \_\_\_\_\_

\_\_\_\_\_

**Where was treatment given?**

At accident/incident site    By whom? \_\_\_\_\_ When? \_\_\_\_\_

Treatment given: \_\_\_\_\_

In Camp Health Center    By whom? \_\_\_\_\_ When? \_\_\_\_\_

Treatment given: \_\_\_\_\_

Doctor Office    By whom? \_\_\_\_\_ When? \_\_\_\_\_

Treatment given: \_\_\_\_\_

At Hospital    Name? \_\_\_\_\_ When? \_\_\_\_\_

In-patient     Out-patient    Were parents present?     Yes     No    Date/time of release: \_\_\_\_\_

Released to:  camp     health center     home     other \_\_\_\_\_

Comments:

Persons notified in addition to parents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any contact made with/by media regarding this situation. \_\_\_\_\_

\_\_\_\_\_

Was the council director of communication notified?     Yes     No

**Important**

Attach the permission slip of the injured girl. Please turn this form in to the council office **on the first working day after the accident/incident**. This will help insure immediate attention to the matter. Thank you.

Name of person filling out form \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_