

Date filled out: _____

Accident/Incident Report Form
(Fill out 1 on each incident or person)

Name of Person Involved: _____ Age: ____ Sex: _____

Girl Scout Leader Volunteer Visitor Staff

Address: _____ Phone: _____
Street & Number City State Zip Area/Number

Name of Parent/Guardian (if minor): _____

Address: _____ Phone: _____
Street & Number City State Zip Area/Number

Name/Contact of Witnesses (Attach signed statements if deemed necessary)

1. _____
2. _____
3. _____

Type of Incident: Accident Illness Behavioral Other (describe): _____

Date of Incident/Accident: _____ Time: _____ AM / PM
Day of Week Month Day Year

Describe the sequence of activity in detail including what the (injured) person was doing at the time: _____

Where did incident/accident occur? (Specify location and witnesses. Use diagram to locate persons/objects.)

Was injured participating in an activity at time of injury? Yes No If so, what activity? _____

Any equipment involved in accident? Yes No If so, what kind? _____

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

Emergency procedures followed at time of incident/accident: _____

By whom? _____

Submitted by: _____ Position: Leader Volunteer First Aider Staff

Date: _____

Medical Report of Accident

Where was treatment given? (select all that apply): accident site First Aid Tent doctor's office
 hospital other _____

Treatment given:

Treatment given by whom (name & position): _____

Was the injured person kept overnight in the First Aid area? yes no

Date released from the First Aid area: _____

Released to camp activities home other _____

If treatment was given at a hospital or clinic, please indicate the following:

Name of hospital/physician: _____

Date released from hospital: _____

Released to camp home other _____

Hospital Paperwork attached to this form? Yes No

Was parent notified? Yes No How? Phone Call Text Other: _____

When? _____ By whom? _____ Title: _____

Parent response _____

Other persons notified about this incident:

Name _____ Date notified _____

Name _____ Date notified _____

Any other comments _____

Submitted by: Printed Name: _____ Position: _____

Signature: _____ Date: _____