

Accident Report Form

All accidents occurring at a Girl Scout activity that might require medical help must be reported. Send this form immediately to: Girl Scouts, San Diego-Imperial Council, Attn: Kirsten Kessler, 1231 Upas St., San Diego, CA 92103-5199 or fax 619.298.2031. If more than one person has been injured, complete a separate form and send them together describing the accident 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) _____

Address _____ City _____ State _____ Zip _____

Is the injured person registered? Yes No If a minor, give age _____

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

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

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 incident**. This will help insure immediate attention to the matter. Thank you.

Name of person filling out form _____ Date _____

Relationship _____ Phone (____) _____ Cell (____) _____

Address _____

City _____ State _____ Zip _____