



Accident/Incident Report Form

If you are experiencing a life-threatening emergency, call 911. Then call Girl Scouts at (619) 298-8391; after hours, press 2.

This form is used to report many kinds of accidents or incidents. Please check all that apply:

- Injury likely to need follow-up medical care
- Accident, emergency that did not result in injury
- Any exposure to a bloodborne pathogen
- Fighting, serious emotional outbursts, threats, etc.
- If you notice any dangers regarding Girl Scout equipment or facilities you need to report
- Significant illness or allergic reaction
- "Near miss" or narrowly-avoided accident
- Fire, natural disaster, danger from intruder or trespasser
- Any incident where support or follow-up are needed

Send this form immediately to: Girl Scouts San Diego, Attn: Accident Reporting, 1231 Upas St., San Diego, CA 92103-5199 or email accidentreporting@sdgirlscouts.org . If more than one person has been injured, complete a separate form and send them together describing the accident/incident only once.

Complete responses are necessary. Write "n/a" if the question does not apply or "unknown" if you don't have the answer.

Person injured _____ Phone (____) _____ Cell (____) _____
 Parent/guardian name(s) _____ Email _____
 Address _____ City _____ State _____ Zip _____

Is the injured person a (check all that apply) Minor child Adult Gender M / F Age _____
 Adult volunteer Paid staff member Other adult participant Registered Girl Scout GSUSA ID # _____
 If a Girl Scout youth, which program age level? (circle) Daisy Brownie Junior Cadette Senior Ambassador

Event date(s) _____ Event location _____
 Name of event _____ Troop # _____ Service unit _____
 Describe the activity Troop Activity Service Unit Event Sleepaway Camp Day Camp Council Event Other
 Date of accident/incident _____ Time of accident/incident _____ a.m. p.m.
 Describe the accident/incident/concern and how it occurred (Attach additional sheet, if needed.)

Location where accident/incident occurred (Specify location, including location of injured and witnesses. Use diagram or additional sheet, if needed.)

Nature of injury (i.e., sprain) _____ Part of body affected _____
 Emergency procedures followed at time of accident/incident _____

Did anyone witness the accident/incident? Provide their name and contact info (Attach signed statements as to incident, if possible)

1. _____
2. _____
3. _____

Help others learn from this situation. What could the injured person have done to prevent the accident/incident? _____

Medical Report of Accident/Incident (parents may equal emergency contact(s) for adult members)

Were parents notified? Yes No In writing By phone Other _____
By whom? _____ Title _____ When? _____
Parents' response _____

Treatment given? If treatment was provided by any licensed professional, note their full name and title.

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 Parent Troop leader Camp/council staff Self (adult) Other _____

Comments (Attach additional sheets, as needed.)

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 Scout. Please turn this form in to the council office **on the first working day after the accident/incident**. This will help ensure immediate attention to the matter. Thank you.

Name of person filling out form _____ Date _____
Relationship _____ Phone (_____) _____ Cell (_____) _____
Address _____ Email _____
City _____ State _____ Zip _____

FOR OFFICE USE ONLY INFO PROVIDED TO: HR AL PROPERTY REVIEW COMPLETED BY _____ DATE _____

Immediately email this completed form to accidentreporting@sdgirlscouts.org