

Girl Scouts of Wisconsin Southeast, Inc.

Accident/Incident Report Form

Office Use Only
Date rec'd
Copy
File

This form is to be completed to report accidents or incidents (involving people, property, theft, fire or other) occurring during the course of any Girl Scout activity. If more than one person was injured or involved, **use a separate form for each person**. The person in charge of the group at the time of the accident/incident should complete this form.

Complete section A & C for accident; complete section B & C for incident.

After the form is completed, make a copy for your file and send the original within 24 hours to:
Girl Scouts of Wisconsin Southeast, Inc.
P.O. Box 14999,131 South 69th Street, Milwaukee, WI 53214

Section A: To be filled out completely when accident/injury has occurred. Date of Accident ___/__ Time _____ Location ____ Name of Injured Person _____ Phone (___) Address _____ City, St., Zip _____ Girl Scout Member? ☐ yes ☐ no Girl Scout Troop # _____ Age _____ Was parent/guardian notified? ☐ yes ☐ no If child: Describe in detail the nature and parts of the body injured: Describe how injury occurred: Describe care given: Was doctor/dentist called?: ves no Name of doctor/dentist: _____ Was ambulance called?: ☐ yes ☐ no Was injured person transported?: ☐ yes ☐ no Where and who transported?: ____ Describe care given after transport:

Section B: To be filled out completely when reporting an incident. Person ☐ Property Damage ☐ Theft ☐ Fire ☐ Other Date of Incident: ____/___ Time: _____ Location: _____ Name of Person Involved in Incident: ______ Phone: (___) ____ Address: _____ City, St., Zip: _____ Girl Scout Member? ☐ yes ☐ no Girl Scout Troop # _____ Age Was parent/guardian notified? ☐ yes ☐ no If child: Describe in detail the incident and cause if known: Who was notified and when?: Describe follow-up action taken. (List action dates, persons contacted, results.) By Whom?: Section C: To be filled out completely for both accident and incident. Witnesses: Name: Phone: () Address: City, St., Zip: Name: ______ Phone: (___) _____ Address: _____ City, St., Zip: _____ Please give any other information which may be helpful: First Aider: Name: ______ Phone: (___) _____ Address: _____ City, St., Zip: _____ Girl Scout Leader/ Adult-in-Charge: Name: ______ Phone: (___) _____ Address: _____ City, St., Zip: _____ Signature: Date: / /