



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.

Person Completing Form _____ Phone (____) _____

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
 Also send a copy to the same address above but: ATTN CFO

Section A: To be filled out completely when accident/injury has occurred.

Date of Accident ____/____/____ Time _____ Location _____

Name of Injured Person _____ Phone (____) _____

Address _____ City _____ State ____ Zip _____

Girl Scout Member? yes no Girl Scout Troop # _____

If child: Age _____ Was parent/guardian notified? yes no

Describe in detail the nature and parts of the body injured _____

Describe how injury occurred _____

Describe care given _____

By Whom? _____

Was doctor/dentist called? yes 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 _____ State ____ Zip _____

Girl Scout Member? yes no Girl Scout Troop # _____

If child: Age _____ Was parent/guardian notified? yes no

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 _____ State ____ Zip _____

Name _____ Phone (____) _____

Address _____ City _____ State ____ Zip _____

Please give any other information which may be helpful _____

First Aider:

Name _____ Phone (____) _____

Address _____ City _____ State ____ Zip _____

Submitted by _____ Signature _____ Date ____/____/____