

INCIDENT/INJURY REPORT

To be completed by adult

PURPOSE: To report accidents, injuries, and illnesses which occur at a Girl Scout sponsored activity to the council office in a timely manner.

PROCEDURE

1. When an accident, injury, or illness occurs at a Girl Scout sponsored activity, a council staff representative or the finance department must be informed on a timely basis. This report is important because communication with parents or the media may be required, insurance companies must be notified, and incident documentation must be maintained in the council records. All occurrences must be reported, even if the first aid or medical attention is not required. What seems like a slight mishap can later turn into a problem, which may require medical attention or insurance filing.

2. The Accident Report Form should be completed by the person in charge of the event or activity at the time of the accident, injury, or sickness. This may be a troop leader, day camp director, event coordinator, trip leader, etc.

3. Complete the entire Accident Report Form. Be specific and detailed. This will be the only original record of the occurrence. The report should clearly explain, in detail, what happened.

4. The report should be signed by the person who completed the form and mailed or emailed to the council office within 24 hours of the incident. Mail to:

Attn: Accident Reporting
Girl Scouts of the Desert Southwest
9700 Girl Scout Way, El Paso, TX 79924

Email: info@gdsdw.org

5. The council will take the necessary action based on the information provided in the report. This may include contacting persons listed on the report, sending insurance forms to the injured or sick person or to the parent/guardian, follow up on the incident with other staff members or volunteers, and maintaining the Accident Report form file and other records.

Accident/Incident Date _____ Time _____ AM PM

Report Date _____

WHO:

Name of Injured _____ Age _____ Troop # _____

Address _____ Phone (____) _____

Name of Parent/Guardian (if minor) _____

Injured is a: Girl Adult Staff Non-Registered Participant

WHERE:

Troop Meeting Troop # _____ Troop Leader _____ Phone (____) _____

Day Camp Name _____ Director _____ Dates ___/___/___ to ___/___/___

Troop/SU Event Name of Event _____ Dates ___/___/___ to ___/___/___

Overnight? Yes No # of nights _____

Event Leader _____ Phone (____) _____

Destinations Name _____ Dates of Attendance ___/___/___ to ___/___/___

Other - Name of Activity _____ Contact Phone (____) _____

Where the accident occurred: (Specific location: Name of the business, place, park, building, etc., address of the accident site, name of the town or city, and state.)

WHAT HAPPENED:

Describe the accident/injury in detail, including what the injured person was doing at the time. (i.e., participating in an activity, using equipment, walking, skating, etc.)

Describe Assistance Required:

Was an ambulance/paramedic vehicle required? Yes No

Was a police department response required? Yes No

Was a fire department response required? Yes No

If so, who/from where? _____

WITNESS:

Name _____ Phone (____) _____

Address _____

Name _____ Phone (____) _____

Address _____

ACCIDENT/INCIDENT REPORT FORM – part 2

MEDICAL REPORT OF ACCIDENT

DESCRIPTION OF INJURY:

Part of body _____

Extent of injury _____

EMERGENCY PROCEDURES FOLLOWED AT THE TIME OF THE ACCIDENT:

Was treatment given at the accident site? Yes No

Treatment by: Nurse Level 1 first-aider Level 2 first-aider Other

Name of nurse/first-aider/other _____ Phone (____) _____

Describe treatment _____

OTHER TREATMENT:

Doctor's Office/Clinic Hospital

Name of clinic/hospital Location

Was injured retained overnight in a hospital? Yes No

Name of physician in attendance

WHO WAS NOTIFIED:

Were the parents notified? Yes No By: Phone Writing Other _____

By whom? _____ Position _____ Date __/__/__ Time: __: __ AM PM

Parent's response _____

Was the media involved? By phone At the site **MEDIA CONTACT IS DISCOURAGED**

Describe media contact _____

Was the council notified via telephone? Yes No

Who called the council? _____ Date __/__/__ Time __: __ AM PM

Who responded from the council? _____ Date __/__/__ Time __: __ AM PM

REPORT COMPLETED BY:

Signed: _____ Position: _____ Date: __/__/__

Mail or email this form within 24 hours of the accident/incident to:

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