



# GIRL SCOUTS OF EASTERN PENNSYLVANIA INCIDENT/ACCIDENT REPORT

Please email signed form to [humanres@gsep.org](mailto:humanres@gsep.org) or return to a Service Center.

Name of person involved:

Address:

City:

State: Zip:

Phone:( )

Age: Sex:

Girl - Troop Number:

Staff  Volunteer  Other

Name of Parent/Guardian (if minor):

Address:

City:

State: Zip:

Date of Incident (XX/XX/XXXX):

Time:  A.M.  P.M.

Name of facility where incident/accident took place:

Name and address of witness(es). (You may wish to attach signed statements.)

1. Witness Name:

Address:

City: State: Zip:

2. Witness Name:

Address:

City: State: Zip:

3. Witness Name:

Address:

City: State: Zip:

Type of incident:  Behavioral  Accident  Illness  Other (describe):

List any injuries:

Describe the sequence of activity in detail including what the person was doing at the time of the incident/accident:

Where did the incident/accident occur? (specific location – draw diagram to show location of persons/objects):

Was individual participating in an activity at time of the incident/accident?  Yes  No

If yes, what activity?

Any equipment involved in incident/accident?  Yes  No If yes, what type?

Condition of equipment:

Emergency procedures followed at time of incident/accident:

By whom:

Report submitted by:

Date:

Position:

Phone:

Address:

City: State: Zip:

MEDICAL REPORT OF ACCIDENT

How much time lapsed between injury and First Aid?

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

By whom:

Title:

Date of Notification:

Time of Notification:  A.M.  P.M.

Parent's response:

Where was treatment given?  At Accident Site  Doctor's Office  Hospital

By whom:

Date of Treatment:

Time of Notification:  A.M.  P.M.

Describe treatment given:

Was injured person admitted overnight in a hospital?  Yes  No If so, what Time:  A.M.  P.M.

Name of hospital:

If hospitalized, how was injured person transported?  Council Vehicle  Volunteer Vehicle  Ambulance

Attending physician's name:

Date released from hospital:

Time released from hospital:  A.M.  P.M.

Released to:  Volunteers  Parents  Other:

Comments about incident/accident:

Persons notified such as Girl Scout Executive Director, staff member, etc.:

Name

Date

Position

If applicable, describe any comments to the media regarding this situation and by whom:

Signature of Person Submitting This Report:

FOR COUNCIL USE ONLY:

INSURANCE NOTIFICATION:

BY WHOM:

DATE:

1.  Worker's Compensation

2.  General Liability Insurance

3.  Automobile Insurance

4.  United of Omaha

5.  OTHER:

**NOTE:** ANY DOCUMENTATION, ETC. SHOULD BE INITIALED, DATED AND ATTACHED TO THIS FORM