

GIRL SCOUTS OF EASTERN PENNSYLVANIA
INCIDENT/ACCIDENT REPORT

Please email signed form to 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