

Accident / Incident Report

First read "Emergency Procedures" in The Leader Answer Book. *This report is not an insurance claim.* Complete this form whenever first aid provided or treatment is rendered by a doctor/hospital to any participant of a Girl Scout activity at any location (meeting place, troop camping, trip, etc.). Attach "Parent Permission", "Health Examination Record", and any additional pages. Return to property@girlscoutshh.org or via fax to 845.609.7251 within 24 hours of accident / incident.

Name: _____ Date of Birth: _____
 Service Unit: _____ Troop Number: _____
 Are they a registered Girl Scout? yes no
 Parent / Guardian Name*: _____
 Phone: _____ Cell Phone: _____
 Was parent / guardian notified? yes no
 *If injured person is an adult, provide the contact info of spouse if applicable

Accident / Incident Information	Emergency Services Used
<p>Date and Time: Accident Location: Address of Location:</p> <p>Describe nature of accident / incident (<i>Be specific – weather, environment, floor conditions, obstructions, etc.</i>):</p> <p>Were motor vehicles involved? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so, Driver's Name: Address: City, State, Zip: Phone: License #: Insurance Company: Insurance Co. Phone:</p> <p>Action(s) Taken - <i>Describe in detail the actions taken and by whom. (Attach additional pages or continue on back if necessary.):</i></p>	<p>First Aider who initially responded – Name: Phone:</p> <p>Ambulance Company Name: City / Town: Phone:</p> <p>Police Officer's Name: City / Town: Phone:</p> <p>Hospital Name: City / Town: Phone:</p> <p>Attending Physician Name: City / Town: Phone:</p> <p style="text-align: center;">Witnesses (<i>include age if a minor</i>)</p> <p>Name: Address City, State, Zip: Phone:</p> <p>Name: Address City, State, Zip: Phone:</p>

Date of Report:	Person Filling Out Report:	
Position:	Phone:	E-mail:
Signature of person filling out report:		