

# ACCIDENT REPORT

The troop/group leader or person in charge must complete this report at the time of the accident. A report must be completed for ALL accidents, regardless of the severity. Additionally, an insurance form must be completed by the leader and physician, and submitted to the council office for endorsement.

Name of Person Involved: \_\_\_\_\_ Age: \_\_\_\_ Sex: Female [  ] Male [  ] School Grade: \_\_\_\_

Troop/Group Level: \_\_\_\_\_ Troop Number: \_\_\_\_\_

Troop/Group Leader Name and Address: \_\_\_\_\_

Troop/Group First Aider-Name and Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Name of Doctor or Medical Service: \_\_\_\_\_

Parent or Guardian Contacted: Yes [  ] No [  ] Date: \_\_\_\_\_ Time: \_\_\_\_\_ By Whom: \_\_\_\_\_

Emergency Contact Notified: Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By Whom: \_\_\_\_\_

Adults at the Scene (list name, position, and phone number): \_\_\_\_\_

**DESCRIPTION OF THE ACCIDENT - - Describe in detail, including:**

- a. Sequence of Activity (e.g., what preceded the accident, in terms of activities)
- b. Location (Where did the accident occur in the activity space in relationship to other participants and supervisors?)
- c. What was the person doing and how did the accident occur? Who else was involved? Description of the injury.
- d. Procedure followed in rendering aid (what help was secured, if any)

Signature of person completing report: \_\_\_\_\_ Name: \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

**Please forward original to a Girl Scout Service Center immediately, give a copy to Service Unit Manager, and keep a copy for your records.**

Cherry Hill Service Center  
40 Brace Road  
Cherry Hill, NJ 08034

East Brunswick Service Center  
108 Church Lane  
East Brunswick, NJ 08816

Newfield Service Center  
2944 Victoria Avenue  
Newfield, NJ 08344

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P.732-821-9090  
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