

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: _____ Phone Number: _____

Address: _____

Troop/Group Level: _____ Troop Number: _____

Troop/Group Leader: _____ Phone Number: _____

Service Unit Name: _____

First Aider Name: _____ Phone Number: _____

Date of Accident: _____ Time: _____ Name of Doctor or Medical Service:

Parent/Guardian Contacted: Yes () No () Date: _____ Time: _____

Contacted By Whom: _____

Emergency Contact Notified: Yes () No () Date: _____ Time: _____

Emergency Contact Name: _____ Phone Number: _____

DESCRIPTION OF THE ACCIDENT -- On back or separate paper describe in detail, including:

- Sequence of Activity (e.g., what preceded the accident, in terms of activities)
- Location (Where did the accident occur in the activity space in relationship to other participants and supervisors?)
- What was the person doing and how did the accident occur? Who else was involved? Description of the injury.
- Procedure followed in rendering aid (what help was secured, if any)
- List all adults at the scene (include name, position, and phone number)

Name of person completing report: (print) _____

Signature: _____ Phone Number: _____

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
P.856-795-1560 F.856-354-8425