

Girl Scouts of Central & Southern NJ, Inc.

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:

- 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)

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

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

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

P.732-821-9090
F.732-821-4211

Newfield Service Center
2944 Victoria Avenue
PO Box 948
Newfield, NJ 08344

P.856-697-3900
F.856-697-2119