



INJURY & INCIDENT REPORTING FORM

The purpose of this form is to notify Council Staff when injuries occur. A form should be completed for all injuries (requiring more than a simple Band-Aid), regardless of severity. It may also be used to report accidents and serious incidents that are beyond normal conditions members should expect as part of Girl Scouting (e.g. fights, "near miss" accidents, lost children, etc.)

Date Form Submitted _____ Date of Occurrence _____

Name of Person Submitting Form _____

Phone # _____ Email _____

Name and Status of Person(s) Directly Involved:

Name	Status
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____

The Occurrence took place during (please check one):

- Troop Meeting Troop Activity or Outing Troop Trip Troop Camping Summer Camp
- Council Sponsored Program or Event Other _____

Location of Occurrence _____

Address _____

Troop # _____

Brief Description of the Occurrence (add additional sheet of paper if necessary)

Was anyone injured?

No

Yes Name of Injured Person(s) _____

Description of Injury _____

Was Medical Attention Immediately Sought or Provided?

No

Yes Please describe _____

For girls, was her parent(s) present?

Yes

No

Name & Phone # of Party who informed parents _____

How and when were the parents informed? _____

SUBMIT COMPLETED FORM TO incidentreport@gscsnj.org.