



Girl Scouts

Girl Scouts of the Northwestern Great Lakes, Inc.

For Office Use:
Date Rec'd _____
VP _____
Property _____
Camp Mgr _____
CEO _____
File _____

ACCIDENT REPORT

Name of Injured _____
 Age _____ Sex _____ Girl Scout Member: Yes No Troop # _____ Level _____
 Parent/Guardian's Name _____ Phone _____
 Address _____
 City/State/Zip _____
 Describe in detail the nature and parts of body injured _____

Describe how injury occurred _____

Date of injury _____ Time _____ Place _____
 Describe care given _____

By whom? _____
 Time elapsed before care given _____
 Was a doctor called? Yes No Name of Doctor _____
 Was an ambulance called? Yes No Was injured person transported? Yes No
 Where? _____ Who transported? _____
 Describe care given after transport _____

Was injured person hospitalized? Yes No Where? _____
 Were parents notified? Yes No How long after accident? _____
 Witness Name _____
 Address _____
 City/State/Zip _____
 Witness Name _____
 Address _____
 City/State/Zip _____
 Please give any other information that may be helpful _____

Name of First Aider _____
 Address _____
 City/State/Zip _____
 Name of volunteer/adult in charge _____
 Address _____
 City/State/Zip _____
 Name of person submitting report _____

 Signature Date

Return to Girl Scouts of the Northwestern Great Lakes, Inc. within 24 hours of accident

Attention: Girl Scouts of the Northwestern Great Lakes, Inc.
 VP of Membership
 3910 Chestnut Street
 Wisconsin Rapids, Wisconsin 54494
 Fax: 715.423.6362