



Accident/Incident Report Form

The troop leader, staff member, or trained adult responsible for an event or activity, must complete one form for each person involved in the accident/incident and submit to customercare@gsmists.org or a Girl Scouts of Michigan Shore to Shore Service Center within 48 hours of the accident or incident.

Date of Accident/Incident: _____ Time: _____

Name of Person: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Girl Volunteer Staff Other _____

Parent/Guardian name: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Name of Person Completing this Form: _____ Position: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Signed: _____ Date: _____

Type of Accident/Incident:

Injury Accident Abuse Disclosure Behavior Policy/Procedure Violation Other _____

Event Name: _____

Address of Accident/Incident Location: _____

List the Name/Address/Phone of Any Witnesses: (Use additional paper if necessary)

Describe Actions Taken and Identify Who Else was Involved. Please include Name/Address/Ph.(Use additional paper if necessary)

Describe the Accident/Incident in Detail (use diagrams if needed):

Report of Accident/Incident Requiring Medical Treatment

Where was Treatment Given? (check all that apply)

Accident/Incident Site Hospital Doctor's Office Medical Center Other

If Treatment was Given at Accident/Incident Site, List that Location: _____

Name of Professional Treatment Provider: _____ Title: _____ Date: _____

Was the Injured Person Retained Overnight in a Hospital? Yes No

Date Released from Hospital:

Released to: Parent/Guardian Troop Leader Council Staff Other

Describe the Nature of the Injury. Be as Detailed as Possible. Ex: right leg cut, left hand bruised, etc. (use additional paper if necessary):

Describe Treatment Given (use additional paper if necessary):

Was Parent/Guardian Notified? Yes No N/A

By Whom? _____ Title: _____ Date/Time: _____

Parent/Guardian Response:

Describe Any Contact With/By the Media Regarding Accident/Incident:

Signed: _____ Position: _____ Date: _____