

ACCIDENT/INCIDENT REPORT

Submit this report (with parent/guardian permission slip attached) to the Girl Scout Council of Cannon Valley within 24 hours after the accident/incident.

Name/Address of troop/group leader: _____
_____ Phone _____

Name(s) of participant(s) involved:	Address	Age	Troop/group #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name(s) of Parent/Guardian(s)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional names and addresses may be attached to this form.

Girl Scout sponsored event or activity: _____

Adult responsible for event or activity: _____

Location of accident/incident: _____ Date/Time _____

Describe accident/incident: _____

Additional pages may be attached to this form if necessary.

Describe the injury(ies): _____

Were the police notified? Yes ___ No ___ Was an ambulance called? Yes ___ No ___

Were the injured transported to a medical facility? Yes ___ No ___

Over

ACCIDENT/INCIDENT REPORT, cont.

People notified:

Parents/guardians	yes _____	no _____	
Doctor	yes _____	no _____	Who? _____
Council	yes _____	no _____	Who? _____
Police	yes _____	no _____	Who? _____
Other	yes _____	no _____	Who? _____

Before the activity were appropriate health and safety standards in Safety-Wise consulted?
Yes___ No

Were these health and safety standards followed during the activity? Yes_____ no_____

Is there a way the accident/incident could have been prevented? Yes_____ no_____

If yes, please explain: _____

Who witnessed the accident/incident? _____

Other Comments:

Signature of adult making this report: _____ Date _____

Phone: day _____ evening _____