

# INCIDENT REPORT

Name of injured or affected person involved \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
street city/state zip

Name of parent/guardian, if minor \_\_\_\_\_

Girl Scout member?  Yes  No Troop # \_\_\_\_\_

Others involved \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Location of incident \_\_\_\_\_

Did the incident occur at?  Meeting  Trip/Event  Camping Trip  Day Camp  Other

Describe what happened (description of injury): \_\_\_\_\_

Were parents of minors notified?  Yes  No

Who was contacted and what was their response? \_\_\_\_\_

Was first aid provided?  Yes  No Was assistance called (police or ambulance)?  Yes  No

Was child abuse reported?  Yes  No

Any other information applicable - such as action taken, care given, \_\_\_\_\_

**Witnesses:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

**Reported by:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE MAIL/FAX A COPY OF THIS FORM WITHIN 48 HOURS OF INCIDENT TO:**  
 Girl Scouts of Gulfcoast Florida, Inc. • 4780 Cattlemen Road, Sarasota, FL 34233  
**FAX:** 941-923-5241  
 Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

For office use only: Follow-up call \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_