

INCIDENT REPORT

Name of injured or affected person involved _____ Age _____

Address _____
street city/state zip Phone _____

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 ____/____/____