

Accident/Incident Report

First read "Emergency Procedures" in *The Leader Answer Book*. This report is not an insurance claim. Complete this form whenever first aid is provided or treatment is rendered by a doctor/hospital to any participant of a Girl Scout activity at any location (meeting place, troop camping, trip, etc.). Attach "Parent Permission", "Health Examination Record", and any additional pages.

Return to your Regional Office within 24 hours of accident/incident.

Injured Person

Name _____

Date of Birth: _____

___ Registered Girl Scout ___ Non-Scout

Unit # ___ Troop #: ___ Level: D B J C S

Parent/Guardian Name*: _____

Phone # _____

Address _____

Cell Phone # _____

Was Parent/guardian notified? ___ Yes ___ No If yes, what instructions did they give?

Accident/Incident Information

Accident Date: _____ Time: _____ (A.M. or P.M.)

Accident Location:

Name _____

(home owner, school, park, campground, etc.)

Address* _____

City, State, Zip _____, _____

* If no address, give closest intersection of streets, landmarks, etc.

Describe nature of accident/incident.

Be specific (weather, environment, floor conditions, obstructions, etc.)

If motor vehicle(s) are involved,

Fill out information for *each vehicle* (Continue on back if necessary)

1. Driver's Name _____

Address _____

City/Town _____

State/Zip _____ Phone # _____

License # _____

Insurance Company _____

Phone # _____

Action(s) Taken

Describe in detail the actions taken and by whom.

(Attach additional pages or continue on back if necessary.)

Emergency Services Used

First Aider who initially responded

Name: _____

City/Town _____ Phone# _____

Ambulance

Company Name: _____

City/Town _____ Phone# _____

Police Department

Officer's Name _____

City/Town _____ Phone# _____

Hospital

Name: _____

City/Town _____ Phone# _____

Attending Physician

Name: _____

City/Town _____ Phone# _____

Witnesses

(Include age if a minor)

1. Name _____

Address _____

City/Town _____

State/zip _____ Phone # _____

2. Name _____

Address _____

City/Town _____

State/zip _____ Phone # _____

3. Name _____

Address _____

City/Town _____

State/zip _____ Phone # _____

Girl Scouts Heart of the Hudson

Website: www.girlscoutshh.org

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FAX: 845-452-1878

New City Office

211 Red Hill Rd.
New City, NY 10956
845-638-0438
FAX: 845-638-2804

Middletown Office

162 Bloomingburg Rd.
Middletown, NY 10940
845-361-2898, 845-794-0264
FAX: 845-361-2915

Kingston Office

65 James St., PO Box 3039
Kingston, NY 12402
845-338-5367
FAX: 845-338-6802

Pleasantville Office

2 Great Oak Lane
Pleasantville, NY 10570
914-747-3080
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