

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 Regional Office within 24 hours of accident/incident.**

Injured Person

Name _____ Date of Birth: _____
____ Registered Girl Scout ____ Non-Girl Scout Community # ____ 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? _____
** If injured person is an adult, provide their address and name of spouse.

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 # _____

Date of Report: _____ Signature of person filing report: _____ Position: _____
Address: _____ Phone: _____

Girl Scouts Heart of the Hudson, Inc.

Website: www.girlscoutshh.org

Poughkeepsie Office
41 Page Park Dr
Poughkeepsie, NY 12603
845.452.1810
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

Pleasantville Office
2 Great Oak Lane
Pleasantville, NY 10570
914.747.3080
Fax: 914.747.4263