

Accident/Incident Report Form

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The leader/advisor, staff member or trained adult responsible for an event or activity, must complete one form for each person involved in an incident or injured and submit to a Girl Scouts of Michigan Shore to Shore Service Center within 48 hours of the accident or incident.

Date of accident/incident: ____/____/20____ Time: _____ a.m. or p.m.

Name of person: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____ Phone: (____) _____

Girl Volunteer Staff Other

Name of parent/guardian: _____

Address: _____ City: _____ Zip: _____ Phone: (____) _____

Type of Incident:

Injury Accident Abuse Disclosure Behavior Policy/Procedure Violation Other

Location of incident: _____

Address of incident location: _____

Describe the incident in detail. Use diagrams and additional paper if needed:

Describe actions taken and identify who was involved:

List the name/address/phone of any witnesses:

Name of person completing this form: _____ Position: _____

Address: _____ City: _____ Zip: _____ Phone: (____) _____

Signed: _____ Date: _____

SEE OTHER SIDE

Report of Accident Requiring Medical Treatment

Where was treatment given? Accident site Hospital Doctor's Office Medical Center

If treatment was done at accident site, list that location: _____

Name of treatment provider: _____ Title: _____ Date: _____

Describe the nature of the injury: _____

Describe treatment given: _____

Was parent/guardian notified? Yes No By: Phone Other

By whom? _____ Title: _____ Date/Time: _____

Parent/guardian response: _____

Was the injured person retained overnight in camp health service? Yes No

Date released from camp health service: _____ Released to: Camp Activities Home Other

Was the injured person retained overnight in a hospital? Yes No

Date released from hospital: _____ Released to: Parent Camp Other

Comments/directions: _____

Persons notified: (Council staff, Camp Director, etc.)

Name	Position	Date	Time
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Describe any contact with/by the media regarding this situation: _____

Signed: _____ Position: _____ Date: _____

Submit this completed form to:

Grand Rapids Service Center
3275 Walker Avenue NW
Grand Rapids, MI 49544

Muskegon Service Center
1217 E River Road
Muskegon, MI 49445

Traverse City Service Center
1820 Oak Hollow Drive
Traverse City, MI 49686

FOR OFFICE USE ONLY
Date received: _____
Received by: _____
Submit to HR