

Accident/Incident Report Form

For Office Use:
Date Rcvd_____
MV Dir._____
Property
Mgr._____
Outdoor
Mgr._____
CEO_____
File_____

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 customercare@gsmists.org or a Girl Scouts of Michigan Shore to Shore Service Center within 48 hours of the accident or incident.

Date of accident/incident: _____ Time: _____

Name of person: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Girl Volunteer Staff Other _____

Parent/guardian name: _____

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

Name of person completing this form: _____ **Position:** _____

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

Signed: _____ Date: _____

Type of Incident:

Injury Accident Abuse Disclosure Behavior Policy/Procedure Violation Other _____

Event Name: _____

Address of incident location: _____

Describe the incident in detail. Use diagrams if needed: (Use additional paper if necessary)

List the name/address/phone of any witnesses: (Use additional paper if necessary)

Describe actions taken and identify who else was involved. Please include Name/Address/Ph.
(Use additional paper if necessary)

Report of Accident Requiring Medical Treatment

Where was treatment given? (Check all that apply) Accident site Hospital Doctor's Office Medical Center

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

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

Describe the nature of the injury. Be as detailed as possible. Ex: right leg cut, left hand bruised etc.:
(Use additional paper if necessary)

Describe treatment given: (Use additional paper if necessary)

Was parent/guardian notified? Yes No N/A 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: _____