girl scouts river valleys

ACCIDENT/INCIDENT REPORT FORM

(NON-WORK-RELATED)

GIRL SCOUT/VOLUNTEER INFORMATION

Name _____ Date of Birth _____ Troop # or Service Unit _____

Address _____

City/State/Zip _____

Parent/Guardian/Emergency Contact _____ Home Phone _____ Work Phone _____
if different from above

Parent/Guardian/Emergency Contact Address _____
if different from above

City/State/Zip _____

Primary Insurance Carrier _____

Policy Number _____

ACCIDENT/INCIDENT INFORMATION

In this section, please provide information about the accident or incident.

Event Name _____

Session # *(if applicable)* _____ Event Start Date _____ Event End Date _____

Date of Accident _____ Time of Accident _____

Place Accident Occured *(i.e., troop house, kitchen, program center, camp fire, etc.)* _____

_____

Accident/Incident Description *(Describe the accident/incident giving as much information as possible.)*

_____

_____

Injury/Illness Description *(Describe the injury/illness giving as much information as possible.)*

_____

_____

Treatment Description *(Describe the treatment given and by whom.)* _____

_____

Name of Physician/Hospital/Clinic _____

Address _____

City/State/Zip _____

Witness Names and Phone Numbers:

_____

_____

Who was notified? ☐ Parent/Guardians ☐ Doctor/Hospital/Clinic ☐ Council Staff: _____ ☐ Other: _____

Signature of adult filling this report _____ Date _____

Email _____ Phone _____

Return to: GSRV Customer Care, 400 Robert Street South, Saint Paul, MN 55107 *within 24 hours of the accident.*