

Parental Notification / Response:		
Were the parents/guardians notified of the accident / incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How were the parents/guardians notified?	<input type="checkbox"/> Phone	<input type="checkbox"/> Other...
Who notified the parents/guardians? (Name & Title):		
When were the parents/guardians notified?		
Parents'/Guardians' Response:		

Emergency Response / Treatment:			
Describe the emergency procedures that were followed:			
By whom?		Title:	
Was treatment given at site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what kind of treatment (at site):			
Did the person receive treatment elsewhere?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?	<input type="checkbox"/> Doctor's Office	<input type="checkbox"/> Hospital / ER / Clinic	
Doctor's name:	Doctor's phone #:		
Doctor's address:			
Hospital/Clinic name:		Hospital/Clinic phone #:	
Hospital/Clinic address:			

Is the person covered by health insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what kind:	Insurance Policy #:		
Is the person covered by additional Girl Scout Mutual of Omaha insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the follow up plan in detail:			
Name of the person completing this report:			
Address:			
City:		State:	Zip:
Home phone:	Work phone:	Cell phone:	

Signature of person completing this report: _____ Date: _____

Signature of SVP Human Resources _____ Date: _____