



GIRL SCOUTS OF WESTERN NEW YORK, INC.
ACCIDENT / INCIDENT REPORT

This form is to be completed and submitted to the council staff representative within 24 hours.

This report is due within 24 hours via email to the Chief Administrative Officer (Kara.Fraser@gswny.org) and the CEO (Alison.Wilcox@gswny.org).
After report is emailed, it must be mailed (US Mail) to: GSWNY-Attn.: Kara Fraser, CAO-3332 Walden Ave, Ste.106, Depew, NY 14043

Date of Accident / Incident:		Time: _____ a.m. _____ p.m.	
Type of Incident:	<input type="checkbox"/> Accident / Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Behavioral <input type="checkbox"/> Other

Program / Event Name:		Date of Event:	
Type of Event:	<input type="checkbox"/> Troop/Group	<input type="checkbox"/> Service Unit	<input type="checkbox"/> Council
Name of Location of Event:			
Address:			
City:		State:	Zip:

Name of Person Involved:			Age (if minor):	
Description of Person Involved:	<input type="checkbox"/> Girl	<input type="checkbox"/> Adult	<input type="checkbox"/> Non-member Girl	<input type="checkbox"/> Non-Member Adult
Age of minor involved:				
Address:				
City:			State:	Zip:
Phone (home):		Social Security Number (if known):		
If registered member:		Service Unit:		Troop/Group#:
Name of parent(s) /guardian(s), if minor:				
Address:				
City:			State:	Zip:
Home phone:		Work phone:		Cell phone:

Name / Address/ Phone # of Witnesses:		
1.		
2.		
3.		

Describe the sequence of events in detail (be specific i.e. Broke right wrist or tripped and bruised left upper arm):

Accident / Incident Information:		
Was the person involved in the Girl Scout activity at the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there equipment involved? If yes, what kind: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the accident/incident occur while traveling to or from the site of the activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 Council Representative: _____ Date: _____

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