girl scouts of western new york

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 (Kara.Fraser@gswny.org) and the Chief Executive Officer, Cara Biddlecom (Cara.Biddlecom@gswny.org). **After report is emailed, it must be mailed (US Mail) to:** GSWNY-Attn.: Kara Fraser, CAO-4433 Genesee Street, Suite 101, Buffalo, NY 14225

Date of Accident / Incident: _____ Time: _____ ☐ a.m. ☐ p.m.

Type of Incident: ☐ Accident / Injury ☐ Illness ☐ Behavioral ☐ Other

Program / Event Name: _____ Date(s) of Event: _____

Type of Event: ☐ Troop / Group ☐ Service Unit ☐ Council

Name of Location of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Person Involved: _____ Age (if minor): _____

Description of Person Involved: ☐ Girl ☐ Adult ☐ Non-Member Girl ☐ Non-Member Adult

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number *(if known)*: _____

If registered member: Service Unit: _____ Troop / Group#: _____

Name of Parent(s) / Guardian(s), if minor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

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):*

Was the person involved in the Girl Scout activity at the time? ☐ Yes ☐ No

Was there equipment involved? ☐ Yes ☐ No If yes, what kind: _____

Did the accident/incident occur while traveling to or from the site of the activity? ☐ Yes ☐ No

Parent Notification / Response

Were the parents/guardians notified of the accident / incident? Yes No

How were the parents/guardians notified? Phone 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? Yes No

If yes, what kind of treatment (at site):

Did the person receive treatment elsewhere? Yes No

If yes, where? Doctor's Office 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? Yes No

If yes, what kind: Insurance Policy #:

Is the person covered by additional Girl Scout Mutual of Omaha insurance? Yes No

Describe the follow-up plan in detail:

Name of the person completing this report:

Address:

City: State: Zip:

Phone Numbers: Home: Work: Cell:

Signature of person completing this report: Date:

Signature of Council Representative: Date:

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