

Standard Incident Report

This form should be used to report any incident, injury or accident involving any person(s) participating in a Girl Scout activity, even when no medical attention is required. The completed form should be submitted as soon as possible to the Council staff member with whom you are working (such as your district's Community Engagement Manager) or to Lisa Namnath, Director of Risk Management & IT at lnamnath@girlscoutsem.org.

Location of incident: _____

Name of program: _____

Date of incident (day of week and mm/dd/yyyy): _____ Time: _____ am / pm

Type of incident (check): Verbal Physical Accident Other (describe): _____

First and last name of primary person involved: _____

Date of birth (mm/dd/yyyy): _____ Age: _____ Sex: _____

Best phone # (including area code): _____

Email: _____

Address: _____

City/state/ZIP: _____

Other involved person(s): 1. _____

2. _____

3. _____

If primary person involved was a minor:

Name of parent/guardian: _____

Date/time parent/guardian was notified: _____ How? _____

By whom (name and position—Troop Leader, Event Director, First Aider, etc.)? _____

Parent/guardian response: _____

If parent/guardian not notified, why not? _____

Describe detailed sequence of activity, including what involved person(s) was/were doing at time of incident. _____

Where did incident occur? Specify exact location of person(s) involved and any witnesses. Attach drawing, if possible. _____

Was any equipment involved? If yes, what kind? _____

Were there any injuries? If yes, specify to whom, type of injury and part of body affected. _____

Emergency procedures that were followed at time of incident: _____

By whom (name and position—Troop Leader, Event Director, First Aider, etc.)? _____

Was medical treatment sought? If yes, describe. _____

Could incident have been prevented? No Yes If yes, how? _____

Additional comments? _____

Witnesses (attach signed statements, if possible):

Witness 1 (name and position): _____

Best phone # (including area code): _____ Email: _____

Witness 2 (name and position): _____

Best phone # (including area code): _____ Email: _____

Council staff notified (e.g. Community Engagement Manager, Camp Senior Manager, Program Manager, etc.):

Name: _____ Date notified: _____

Name: _____ Date notified: _____

Report submitted by (name and position): _____ Date: _____