

Accident / Injury Report Form

This form is to be used to report any accident/injury occurring at a Girl Scouts of Suffolk County event/ activity/meeting/camp out/field trip/ etc. Fax the completed form within 24 hours of the accident to GSSC Human Resources at (631) 543 - 9744.

1. Injured Information

Date of Accident/Injury: _____ Time: _____ AM / PM

Address: _____ City: _____ State: _____ Zip: _____

Name of Injured: _____ Age: _____ Gender: Female Male

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Phone: _____ Email: _____

2. Witnesses *(attach signed statements)*

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Describe Accident/Injury *(include part of body injured)*

4. How did the accident occur? *(describe in detail)*

Police Report Filed? Yes No

If YES, Police Department: _____ Police Report #: _____

5. First Aid

Was First Aid given? Yes No

If yes, by whom? _____ Where? _____

Time administered: _____ AM / PM

Description of First Aid: _____

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6. Action Taken

After the accident, did the injured: Continue activity Limit activity Go home Go to the hospital

If taken to the hospital, who took the injured? _____

Name of Hospital: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Attending Physician: _____

7. Parent Notification

Were the parent/guardians notified? Yes No

If yes, how were they contacted? (*telephone, writing, email, etc.*) _____

Who notified the parents/guardians? _____

How soon after the accident? _____

8. Equipment

Was any equipment or object connected with the accident? Yes No

If yes, what? _____

How did it contribute? _____

Submitted by

Name: _____ Date: _____

Position/Title _____

For Office Use Only:

Date Received by Council Office: _____ Date Received By Insurance Company: _____