

**PURPOSE:** To report accidents, injuries, and illnesses which occur at a Girl Scout sponsored activity to the council office in a timely manner.

### **PROCEDURE**

1. When an accident, injury, or illness occurs at a Girl Scout sponsored activity, a council staff representative or the finance department must be informed on a timely basis. This report is important because communication with parents or the media may be required, insurance companies must be notified, and incident documentation must be maintained in the council records. **All** occurrences must be reported, even if the first aid or medical attention is not required. What seems like a slight mishap can later turn into a problem, which may require medical attention or insurance filing.
2. The **Accident Report Form** should be completed by the person in charge of the event or activity at the time of the accident, injury, or sickness. This may be a troop leader, day camp director, event coordinator, trip leader, etc.
3. Complete the entire **Accident Report Form**. Be specific and detailed. This will be the only original record of the occurrence. The report should clearly explain, in detail, what happened.
4. The report should be signed by the person who completed the form and mailed to the council office within 24 hours of the incident. Mail to:

Attn: Accident Reporting  
Girl Scouts of Eastern Iowa and Western Illinois, Inc.  
940 Golden Valley Drive  
Bettendorf, IA 52722

5. The council finance department will take the necessary action based on the information provided in the report. This may include contacting persons listed on the report, sending insurance forms to the injured or sick person or to the parent/guardian, follow up on the incident with other staff members or volunteers, and maintaining the Accident Report form file and other records. Only the finance department should complete an insurance form.
6. If you have questions on the status of an accident or insurance reporting, contact the Finance Department at 309-788-0833 or 1-800-798-0833.



# ACCIDENT/INCIDENT REPORT FORM

Accident/Incident Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ AM PM

Report Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**WHO:**

Name of Injured \_\_\_\_\_ Age \_\_\_\_\_ Troop # \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian (if minor) \_\_\_\_\_

Injured is a:  Girl  Adult  Staff  Non-Registered Participant

**WHERE:**

Troop Meeting Troop # \_\_\_\_\_ Troop Leader \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Day Camp Name \_\_\_\_\_ Director \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Troop/SU Event Name of Event \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Overnight?  yes  no # of nights \_\_\_\_\_

Event Leader \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Destinations Name \_\_\_\_\_ Dates of Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Other – Name of Activity \_\_\_\_\_ Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Where the accident occurred: (Specific location: Name of the business, place, park, building, etc., address of the accident site, name of the town or city, and state.)

---

---

**WHAT HAPPENED:**

Describe the accident/injury in detail, including what the injured person was doing at the time. (i.e., participating in an activity, using equipment, walking, skating, etc.)

---

---

---

---

---

---

**Describe Assistance Required:**

Was an ambulance/paramedic vehicle required?  yes  no

Was a police department response required?  yes  no

Was a fire department response required?  yes  no

If so, who/from where? \_\_\_\_\_

# ACCIDENT/INCIDENT REPORT FORM – part 2

## MEDICAL REPORT OF ACCIDENT

### DESCRIPTION OF INJURY:

Part of body \_\_\_\_\_

Extent of injury \_\_\_\_\_

### EMERGENCY PROCEDURES FOLLOWED AT THE TIME OF THE ACCIDENT:

Was treatment given at the accident site?  yes  no

Treatment by:  Nurse  Level 1 first-aidier  Level 2 first-aidier  Other \_\_\_\_\_

Name of nurse/first-aidier/other \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Describe treatment \_\_\_\_\_

### OTHER TREATMENT:

Doctor's Office/Clinic  Hospital

Name of clinic/hospital \_\_\_\_\_ Location \_\_\_\_\_

Was injured retained overnight in a hospital?  yes  no

Name of physician in attendance \_\_\_\_\_

### WHO WAS NOTIFIED:

Were the parents notified?  yes  no By:  phone  writing  other \_\_\_\_\_

By whom? \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ am pm

Parent's response \_\_\_\_\_

Was the media involved?  By phone  at the site **MEDIA CONTACT IS DISCOURAGED**

Describe media contact \_\_\_\_\_

Was the council notified via telephone?  yes  no

Who called the council? \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ am pm

Who responded from the council? \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ am pm

### REPORT COMPLETED BY:

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Mail this form within 24 hours of the accident/incident to:**

**Attn: Accident Reporting  
Girl Scouts of Eastern Iowa and Western Illinois  
940 Golden Valley Drive  
Bettendorf, IA 52722**

-----