girl scouts of eastern iowa and western illinois

Accident and Incident Reporting Form

This form is used to report accidents or incidents at Girl Scout activities, events, or outings.

In the event of an emergency, first call 911, then call GSEIWI at 563-823-9940 or the After-Hours Emergency Number at 563-328-4718.

This form should be completed and submitted within 48 hours of the incident or accident. If you become aware of the incident or accident more than 48 hours after it occurs, submit the form as soon as possible upon discovery. A new form should be submitted for each person injured or involved. Include copies of Year Long Permission and Health Form, Permission Form for Activities, or any other relevant permissions.

Accidents are defined as:

- Minor physical injury (bruises, cuts, stings, etc.)
- Serious physical injury (requiring medical attention)
- Serious accident or "near miss" accident that could have resulted in physical injury
- Fatality
- Any occurrence where emergency responders are called to the scene

Incidents are defined as:

- Behavioral incidents
- Verbal, written, or physical incidents or threat to others
- Ongoing inappropriate language
- Continued violation of the Girl Scout Promise and/or Law

Submit this form online using the QR code or scan and email this document to info@GirlScoutsToday.org.

Section 1 – Reporter information

Report type: ☐ Behavioral Incident ☐ Accident or injury

Date of occurrence: _____ Time of occurrence: _____

Were you aware of the incident/accident when it occurred? ☐ Yes ☐ No

If no, what date was it reported to you: _____

Provide your information, as the person submitting this report.

Name: _____Phone Number: _____

Email: _____

Mailing Address: _____ City, State, Zip: _____

Your role at the time and place of the incident:

☐ Troop leader ☐ Event host/coordinator ☐ Troop volunteer (other than leader)

☐ GSEIWI Staff Member ☐ Parent/caregiver ☐ Other: _____

Section 2 – Behavioral Incident

(Skip to section 3 if you are reporting an accident or injury)

Nature of Incident (Choose all that apply)

- ☐ Willful disregard of rules/expectations
- ☐ Continued inappropriate language
- ☐ Physical threat
- ☐ Verbal threat
- ☐ Threats of suicide
- ☐ Incident of non-suicidal self-injury
- ☐ Written threat
- ☐ Physical contact
- ☐ Possession of a weapon
- ☐ Sexual misconduct
- ☐ Other: _____

Were emergency responders notified or called to the scene?

- ☐ None needed
- ☐ Child Protective Services
- ☐ Fire or rescue
- ☐ Ambulance or paramedic
- ☐ Law enforcement
- ☐ Other: _____

Has this incident been resolved?

- ☐ Yes
- ☐ Yes, I would still like to review with council staff.
- ☐ No, I would like support from council staff.

Provide the name and contact information of the subject of the incident.
The "subject" is the individual who instigated, caused, or was otherwise the focus of the incident. You will have the opportunity to list other individuals who were involved in or witness to the incident later in the form.

Name of subject: _____

Name of parent/guardian, if under 18: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City, State, Zip: _____

Subject is a:

- ☐ Youth Girl Scout member
- ☐ Registered adult volunteer
- ☐ Non-Registered youth
- ☐ Non-Registered adult
- ☐ GSEIWI Staff Member

Please list any other individuals involved in the incident (if any): _____

_____

_____

_____

Continue to Section 4

Section 3 – Accident or injury

(Skip to section 5 if you are reporting a behavioral incident)
Nature of Accident (for example: fall, slip, cut, allergic reaction, etc.): _____

_____

Description of injury (part of body and extent of injury): _____

_____

Was treatment provided at the time of the accident on site? ☐Yes ☐No

If yes, who provided treatment: _____ Phone number: _____
Level of training for person providing treatment:

☐ **Nurse**

☐ **General First Aider** (American Heart Association Heartsaver, Red Cross Basic CPR/First Aid/AED, or equivalent)

☐ **Advanced First Aider** (American Heart Association Basic Life Support, Red Cross Advanced Life Support, or equivalent)

☐ Other: _____

Describe the treatment provided on site: _____

_____

Were emergency responders notified or called to the scene?

☐ None needed
☐ Fire or rescue
☐ Ambulance or paramedic
☐ Law enforcement
☐ Other: _____

What if any, additional treatment was provided?

☐None needed
☐Doctor's Office/Clinic
☐Hospital
☐Other: _____

Name of Clinic or Hospital (If applicable): _____

Location of clinic or hospital (if applicable): _____

Was the Media involved? – *Media contact is discouraged. Only appropriate council representative should speak with the media.*

☐No ☐Yes

If yes, describe media contact: _____

Name of injured person: _____

Name of parent/guardian, if under 18: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City, State, Zip: _____

Injured person is a:

☐ Youth Girl Scout member
☐ Registered adult volunteer
☐ Non-Registered youth
☐ Non-Registered adult
☐ GSEIWI Staff Member

Section 4 – Details and follow up

Were the parents or guardians notified? (If there were minors involved)

☐No ☐Yes, by phone ☐Yes, in writing ☐Yes, in person

If yes, by whom? _____ Position: _____

Date: _____ Time: _____

Parent or guardian response: _____

_____

In as much detail as possible, explain what happened. (Include all actions taken, authorities notified, if necessary, etc.). Be specific, give facts and actions. Avoid opinions or impressions. Add additional pages if necessary.

_____

_____

_____

_____

_____

_____

_____

Location of incident/accident - Be specific (location, building, room, address, etc.): _____

_____

List any adult witnesses with contact information: _____

_____

List any youth that witnessed the accident: _____

_____

Was council staff notified? (prior to submission of this form)

☐No ☐Yes, by phone ☐Yes, in writing ☐Yes, in person

If yes, who was notified: _____

This report contains confidential information. To protect the privacy and safety of all individuals involved, **do not discuss, share, or distribute any details of this accident/incident with anyone except authorized council staff or emergency personnel.** All inquiries from families, volunteers, the public, or the media must be referred to the Council office. Unauthorized disclosure of information is strictly prohibited.

Submit all relevant permission and health forms with this document.