

Girl Scouts of Michigan Capital Council
1974 Cedar St
Holt, MI 48842
(517) 699-9400 1-800-968-9421



Accident/Incident Report Form

Name of Injured _____

Address/City/Zip _____

Age _____ Sex _____ Troop #/Group # _____ Service Unit # _____ Individual member _____

Leader's Name _____

Name of Parent/Guardian (if minor) _____

Address _____ Phone _____ / _____

Name/Addresses of Witnesses (attach signed statements as to what happened, who was involved, where, when and how)

1. _____

2. _____

3. _____

Day & Date of Accident _____ Hour _____ a.m. _____ p.m.

Site of Address of accident/incident _____

Describe accident in detail including what the injured person was doing at the time.

Where injury occurred (specify location, including location of injured and witnesses).

Draw a diagram to locate persons and objects. May use additional paper.

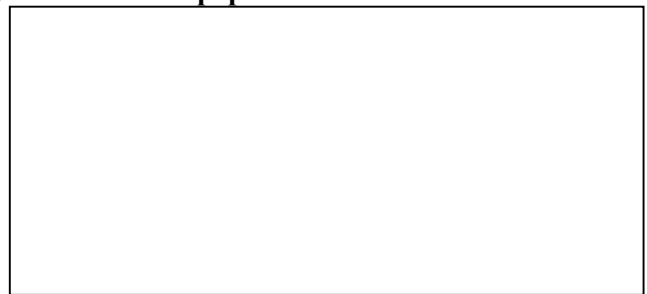
Was injured participating in an activity at time of injury? ____yes ____no If yes, what activity?

Any equipment involved in the accident?

Emergency Procedures followed at time of accident:

By Whom? _____

Name of Law Enforcement Officer responding to call _____ phone _____



Submitted by _____ Position _____ Date _____

5/rev07/01

-over-

5-05

Medical Report of Accident

Were parents/guardians notified? ___ Yes ___ No By: _____ Writing ___ Phone ___ Other _____

By Whom? _____ Title _____ When _____
Date _____ Time _____

Where was treatment given? ___ At accident site ___ Doctor's office ___ Hospital

By Whom? _____ Date _____

Was injured retained overnight in hospital? ___ Yes ___ No Name of Hospital _____

Location _____ Date _____ Out -patient ___ In-patient ___

Staff Person notified of this incident:

Name _____ Position _____ Date _____

Describe any contact made with/by the media regarding this situation

Signed _____ Position _____ Date _____

Follow up—To be completed by council personnel

Name of Physician in attendance _____

Date released from hospital _____

Released to: Health Service _____ Home _____ Other _____

Comments:

Insurance Notification

Date

- | | |
|--------------------------------|-------|
| 1. _____ Parent's Insurance | _____ |
| 2. _____ Girl Scout Insurance | _____ |
| 3. _____ Council Insurance | _____ |
| 4. _____ Worker's Compensation | _____ |