

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770 (CT only) 1-860-522-0163 (out of state)



ACCIDENT/INCIDENT REPORT FORM

- This form is to be used for all accidents or incidents, whether an injury occurred or not, and for all important incidents involving disruptive or dangerous situations.
- File this report within 24 hours of an accident/incident during a Girl Scout activity.
- Note: There is a separate Form #2242 for Accident/Incident at GS Summer Camp.
- Please type or print clearly in black or blue ink.

Fax or mail completed form to:
Girl Scouts of Connecticut
Attn: Accident/Incident Reports
Hartford Service Center
340 Washington Street
Hartford, CT 06106
Phone (860) 522-0163 Fax (866) 735-3447

A. Description of Accident/Incident

<input type="checkbox"/> Accident (please check all that apply below) <i>(Any happening resulting in injury to a person or property)</i> <input type="checkbox"/> Injury to a person (complete both A & B) <input type="checkbox"/> Injury to property	<input type="checkbox"/> Incident <i>(Any mishap, conflict, inappropriate behavior, or situation that could cause injury or could present a liability to the Council)</i>
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Person Involved/Injured

Full Name of Person/s Involved	Troop #	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Please check all that apply: <input type="checkbox"/> Staff <input type="checkbox"/> GS Member <input type="checkbox"/> Non-member <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (explain)
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Address	City	ST	Zip
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Parent or Guardian <i>(if minor)</i>	Email
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Home Phone () ()	Cell Phone () ()	Work Phone () ()
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Nature of Accident/Incident
 Behavioral Animals/plants/insects Slips/Falls Use of Tools Illness Acts of Nature Other (please describe)

Description of Accident/Incident (Please attach additional explanation, if needed.)

Day of Week	Month/Day/Year / /	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Location
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Was (injured) person participating in an activity at time of injury? Yes No If so, what activity? (check below)
 Troop Trip Troop Camping Council Event Service Unit Event Training Other (please describe)

Describe the sequence of activities in detail, including what the (injured) person was doing at the time, if applicable.

Where occurred? (Specify location, including location of injured/involved and witnesses. Make diagram on a separate paper, if necessary to locate persons/objects.)

Any equipment involved in accident? Yes No If so, what kind?

What could the injured/involved person have done to prevent injury or incident?

Emergency procedures followed at time of accident/incident, including First Aid/CPR/Medical Treatment, emergency transportation, etc., provided (describe).

By whom? (Please include full name, phone number, and title/qualifications.)

Who was notified? <input type="checkbox"/> Parents <input type="checkbox"/> 911 <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Camp Nurse <input type="checkbox"/> Troop First Aider/CPR <input type="checkbox"/> Council (name contact) _____	How? <input type="checkbox"/> Writing <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Other (explain on back)	Time, day notified?
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Name of Person Completing This Form	Position	Phone () ()	Date / /
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Address	City	ST	Zip
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Names and contact information of witnesses (You may wish to attach signed statements.)

Name	Address	Phone () ()
Name	Address	Phone () ()
Name	Address	Phone () ()



ACCIDENT/INCIDENT REPORT FORM (CONT.)

- If injury occurred to a person, both A and B sections must be completed.
- For an accident claim to be processed for non-staff Girl Scout adults and girls, include a completed Mutual of Omaha Form #M18979 available from the Membership Department at your local Service Center, or http://www.mutualofomaha.com/girl_scouts_of_the_usa/forms.html.
- Please type or print clearly in black or blue ink.

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B. Medical Report of Accident

If a minor was injured, have parents/guardians been notified?			
By whom?	Title	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date / /
Parent's/Guardian's response			
Treatment (Complete. Check all that apply.)			
Where was treatment given?			
<input type="checkbox"/> At accident site	By whom?	Title/Position	
List treatment given			Date / /
<input type="checkbox"/> Doctor's Office <input type="checkbox"/> Dentist's Office	Name of Physician/Dentist	Location	
List treatment given			Date / /
Released to: <input type="checkbox"/> Return to activities <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other			
<input type="checkbox"/> Hospital	Hospital Name	Location	
Was injured retained overnight in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Out-patient <input type="checkbox"/> In-patient	Date / /
Date released / /	Released to: <input type="checkbox"/> Return to activities <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other		
Comments			
Council staff notified			
Name	Position	Date / /	
Describe any contact made with/by media regarding this situation. <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> None (Do not make any statements to the press; refer all media contact to the Communications Dept., Hartford Service Center.)			

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Form Received _____ Original to CFO Copies to: Human Resources CEO COO Sr. Director of Membership Svcs.

Follow-up phone call needed? Yes No

Comments

Workers Comp. Claim filed? Yes No Date filed ____/____/____ Claim # _____

Girl Scout Insurance Filed? Yes No Date filed ____/____/____

Attachments Medical Receipts Other

Follow-up needed? Yes No

Comments