

ACCIDENT/INCIDENT/INJURY REPORT FORM

- If the incident or accident involves an injury, please complete [Section A – Description of Accident/Incident/Injury](#) and [Section B – Medical Report of Accident](#).
- If the incident or accident did NOT involve an injury, please complete only [Section A – Description of Accident/Incident/Injury](#).
- Submit this form within 24 hours of an accident/incident/injury that occurs during a Girl Scout activity.
- Please print clearly in black or blue ink and mail to Council or email to customercare@gsofct.org.

Mail or email completed form to:
 Girl Scouts of Connecticut
 Attn: Accident/Incident/Injury Report
 Hartford Service Center
 340 Washington Street
 Hartford, CT 06106
 Phone (800) 922-2770
customercare@gsofct.org

Section A – Description of Accident/Incident/Injury

Type of Occurrence (check all that apply)

- Accident (Any happening which may result in injury to a person or damage to property.)
 Injury (complete Sections A & B)
 Damage to property (please explain) _____
 Incident (Any mishap, conflict, inappropriate behavior, or situation that could cause injury, damage to property, or could present a liability to the Council.)

Person Involved/Injured

Full Name of Individual Involved	Troop/Group#	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)		
Address			City	ST	Zip	
Parent or Guardian (if minor)			Email		Preferred Phone	

Nature of Accident/Incident/Injury
 Behavioral Animals/Plants/Insects Slips/Falls Use of Equipment Illness Acts of Nature Other (please describe)

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

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

Describe the sequence of activities in detail, including what the injured/involved person was doing at the time, if applicable. (Make a diagram or send a photo on a separate paper, if necessary, to describe the incident.)

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

What could the injured/involved person have done to prevent accident, incident or injury if anything?

Describe emergency procedures followed at time of accident/incident/injury, including First Aid/CPR/Medical Treatment, emergency transportation, etc.

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

Who was notified? <input type="checkbox"/> Parents/Guardians <input type="checkbox"/> 911 <input type="checkbox"/> Ambulance <input type="checkbox"/> Police <input type="checkbox"/> Camp Nurse <input type="checkbox"/> Certified Troop First Aider <input type="checkbox"/> Council (employee name) _____ <input type="checkbox"/> Other (Name, Title) _____	How? <input type="checkbox"/> Writing <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Other (explain on back)	Time of day notified?
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Name of Person Completing This Form	Relationship	Phone	Today's Date	
Address		City	ST	Zip

Names and contact information of witnesses (You may wish to attach signed statements.)

Name	Address	Phone
Name	Address	Phone

ACCIDENT/INCIDENT/INJURY REPORT FORM (CONT.)

- ⚡ If injury occurred to a person, complete [Section A](#) and [Section B](#).
- ⚡ For an accident claim to be processed for non-staff Girl Scout adults and girls, include a completed Mutual of Omaha Form <https://www.mutualofomaha.com/documents/gs/m18979.pdf>.
- ⚡ Please print clearly in black or blue ink and mail to Council or email to customercare@gsofct.org

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Section B - Medical Report of Accident/Injury

If a minor was injured, have Parents/Guardians been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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"/> Accident Site <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Dentist's Office <input type="checkbox"/> Hospital <input type="checkbox"/> Other				
If at accident site, by whom?		Title/Position		
List treatment given			Date	
If at Doctor's or Dentists Office, provide 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 (please specify)				
If at a hospital, provide hospital name:			Location	
Was injured person retained overnight in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Out-patient <input type="checkbox"/> In-patient		Date of Admission
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"/> Other <input type="checkbox"/> None Do not make any statements to the press; refer all media contact to the Chief External Relations Officer, 800-922-2770.		

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Form Received _____ <input type="checkbox"/> Original to Risk Management Follow-up phone call needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments
Workers Comp. Claim filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed _____ Claim # _____
Girl Scout Insurance Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed _____
Attachments <input type="checkbox"/> Medical Receipts <input type="checkbox"/> Other
Follow-up needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments