

## Injury/Accident Report

Directions: Complete within seven (7) days of an accident or injury sustained during a Girl Scout activity.

Region \_\_\_\_\_

|                        |                       |                              |                             |     |
|------------------------|-----------------------|------------------------------|-----------------------------|-----|
| Name of Injured Person | Registered Girl Scout | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Age |
|------------------------|-----------------------|------------------------------|-----------------------------|-----|

|                          |                   |      |       |     |
|--------------------------|-------------------|------|-------|-----|
| Injured Person's Address | Number and Street | City | State | Zip |
|--------------------------|-------------------|------|-------|-----|

|  |              |       |
|--|--------------|-------|
| If injured person is a minor, name of parent or guardian | Phone Number | Email |
|--|--------------|-------|

|                               |                   |      |       |     |
|-------------------------------|-------------------|------|-------|-----|
| Address of parent or guardian | Number and Street | City | State | Zip |
|-------------------------------|-------------------|------|-------|-----|

|         |               |
|---------|---------------|
| Troop # | Program Level |
|---------|---------------|

|                          |  |
|--------------------------|--|
| Date and Place of Injury |  |
|--------------------------|--|

|                      |  |
|----------------------|--|
| Activity Information |  |
|----------------------|--|

|                 |   |
|-----------------|---|
| Overnight Event | Was this an overnight event? No ___ Yes ___ If "yes", # of nights _____<br>Indicate dates of attendance from _____ to _____ |
|-----------------|---|

|                       |  |
|-----------------------|--|
| Description Of Injury |  |
|-----------------------|--|

|                             |  |
|-----------------------------|--|
| Cause and Details of Injury |  |
|-----------------------------|--|

|         |  |
|---------|--|
| Witness |  |
|---------|--|

|                                   |  |
|-----------------------------------|--|
| Date Parent/Guardian Notification |  |
|-----------------------------------|--|

\_\_\_\_\_  
Troop Leader's Signature

\_\_\_\_\_  
Date