

## 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
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Injured Person's Address	Number and Street	City	State	Zip
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If injured person is a minor, name of parent or guardian	Phone Number	Email
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Address of parent or guardian	Number and Street	City	State	Zip
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Troop #	Program Level
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Date and Place of Injury	
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Activity Information	
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Overnight Event	Was this an overnight event? No ___ Yes ___ If "yes", # of nights _____ Indicate dates of attendance from _____ to _____
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Description Of Injury	
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Cause and Details of Injury	
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Witness	
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Date Parent/Guardian Notification	
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\_\_\_\_\_  
Troop Leader's Signature

\_\_\_\_\_  
Date