

Accident/Incident Report

Your Name: _____ Date: _____

INJURED'S INFORMATION

Full Name: _____ DOB: _____ Sex: F M

Member Status: Staff Member Non-Member

Parent/Guardian Name*: _____ **If Minor Injured*

Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

ACCIDENT/INCIDENT DETAILS

Accident/Incident Date: _____ Accident/Incident Time: _____ AM PM

Event Name: _____ Location: _____

Describe in detail what the injured person was doing at the time of the accident/incident (include information on parts of body affected and how injury occurred):

Provide information of any accident/incident witness. Attach a signed witness statement, if necessary.

1. Name: _____ Phone: _____ Email: _____
2. Name: _____ Phone: _____ Email: _____
3. Name: _____ Phone: _____ Email: _____

EMERGENCY TREATMENT AND PROCEDURES

ON-SITE TREATMENT

Performed By Whom? _____

OFF-SITE TREATMENT

Was Additional Treatment Given Elsewhere? Yes No

Hospital/Clinic: _____ Physician Name: _____

Release Date and Time: _____ Released To: Activity Camp Home Other

Describe in detail the treatment given at the accident/incident site, any treatment done off-site, and any special information pertaining to injured's release:

NOTIFICATION DETAILS

Parent/Guardian Notified? Yes No N/A Date and Time Notified: _____

By Whom? _____ Notified Via: In Person Phone Email

COUNCIL MANAGEMENT STAFF NOTIFIED

1. Name: _____ Title: _____ Date/Time: _____
2. Name: _____ Title: _____ Date/Time: _____
3. Name: _____ Title: _____ Date/Time: _____

MAIL FORMS TO:

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