



Accident/Incident Report

☐ **Accident:** Situation with an injury or illness

☐ **Incident:** Situation that could have caused accident or caused liability for GSCSA and/or its members

Date of accident/incident: _____

Location of accident/incident: _____

Individual(s) involved (Attach additional sheets if necessary)

Name: _____

Address: _____

Phone: _____

☐ Girl member _____ (age of girl)

☐ Volunteer/adult member

☐ Staff

☐ Other _____ (describe)

Name: _____

Address: _____

Phone: _____

☐ Girl member _____ (age of girl)

☐ Volunteer/adult member

☐ Staff

☐ Other _____ (describe)

Detailed description of accident/incident (Attach additional sheets if necessary)

Describe what happened, who was involved, and what follow-up occurred.

Please complete both pages.

Medical treatment: ☐ First aid onsite by _____ ☐ Not applicable
 ☐ Hospital/clinic _____ ☐ Refused

Contacted: ☐ GSCSA staff _____(name)
 ☐ 911/Emergency Services
 ☐ Parent/family _____(name)

Witness(es) (Attach additional sheets if necessary)

Name: _____

Address: _____

Phone: _____

☐ Girl member _____ age of girl ☐ Volunteer/adult member
☐ Staff ☐ Other _____ (describe)

Name: _____

Address: _____

Phone: _____

☐ Girl member _____ age of girl ☐ Volunteer/adult member
☐ Staff ☐ Other _____ (describe)

Report preparer's name: _____

Preparer's address: _____

Preparer's position: ☐ Volunteer ☐ Staff
 ☐ Parent ☐ Other _____ (describe)

**Submit to Human Resources, Girl Scout Council of the Southern Appalachians, 1567
Downtown West Blvd., Knoxville, TN 37919 or email to info@girlscoutcsa.org.**

Please complete both pages.