



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: _____	
<input type="checkbox"/> Girl member _____ age of girl	<input type="checkbox"/> Volunteer/adult member
<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____ (describe)
Name: _____	
Address: _____	
Phone: _____	
<input type="checkbox"/> Girl member _____ age of girl	<input type="checkbox"/> Volunteer/adult member
<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____ (describe)
Report preparer's name: _____	
Preparer's address: _____	
Preparer's position: <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff	
<input type="checkbox"/> Parent <input type="checkbox"/> 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.