

GIRL SCOUTS OF GLOWING EMBERS COUNCIL, INC.
ACCIDENT REPORT

The troop/group leader should fill out this report immediately following any accident. Keep a copy of this report and mail or deliver the original to GSGEC (601 W. Maple St., Kalamazoo, MI 49008) within 24 hours of the accident.

Date _____ Troop # _____ S.U.# _____ District # _____

Troop/Group Leader's Name _____

Address City State Zip

Troop/Group Leader's Phone _____

Name of injured party _____ Age _____

Address City State Zip

Parent/Guardian Name _____

Address (if different than injured) _____

Phone: Home _____ Work _____ Cell _____

Exact location of the accident: Be specific. Give location, streets, and description of area.

Date of accident _____ Time of day _____

What injuries were sustained? Be specific. For example, "1/2-inch cut on top of right index finger between second and third knuckles".

Describe as completely as possible how this accident occurred.

Describe the weather conditions (For outdoor accidents).

Describe the first aid administered at the scene of the accident. ((Please be specific.))

Give names, addresses, and phone numbers of person(s) administering first aid.

NAME	ADDRESS	PHONE
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Describe how the injured person was transported to the hospital or doctor's office.

If the injured person was transported by private car, please note the name, address and phone number of the driver and other passengers.

NAME	ADDRESS	PHONE
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The injured party was transported to what hospital/medical facility?

NAME OF FACILITY	ADDRESS	PHONE
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If the injured party was a minor, how was the injured party's parent/guardian notified? Please note time, name, address, phone, person making notification and if there were any difficulties in notification.

Witnesses to accident:

NAME	ADDRESS	PHONE
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Additional comments:

Person filling out report: _____ Phone _____

LEADER'S SIGNATURE

DATE