



Girl Scouts®

Girl Scouts of Broward County, Inc.

ACCIDENT REPORT

Phone: (954) 739-7660

Fax: (954) 735-2402

Accident Date ____/____/____ Time ____:____ AM/PM Report Date ____/____/____

WHO: Name of Injured _____ Age _____ Troop # _____

Address _____ Phone _____

Injured is a: _____ Girl _____ Adult _____ Staff _____ Non-Registered Participant

WHERE: _____ Troop Meeting Troop # _____ Troop Leader _____ Phone _____

_____ Resident Troop/Camp _____ Telogia _____ Nocatee Dates of Attendance _____ to _____

_____ Day Camp Name _____ Director _____ Dates _____ to _____

_____ Troop/SU Event Name of Event _____ Dates _____ to _____

Overnight? _____ Yes _____ No Number of Nights _____

Event Leader _____ Phone _____

_____ Wider Opportunity Name _____ Dates of Attendance _____ to _____

_____ Other-Name of Activity _____ Contact _____ Phone _____

WHERE THE ACCIDENT OCCURRED: (Specific location: Name of the business, place, park, building, etc., address of the accident site, name of the town or city, and state.)

WHAT HAPPENED: Describe the accident / injury in detail, including what the injured person was doing at the time. (i.e., participating in an activity, using equipment, walking, skating, etc.)

DESCRIBE ASSISTANCE REQUIRED:

Was an ambulance / paramedic vehicle required? _____ Yes _____ No

Was a police department response required? _____ Yes _____ No

Was a fire department response required? _____ Yes _____ No

If so, who and from where? _____

MEDICAL REPORT OF ACCIDENT

DESCRIPTION OF INJURY:

Part of body _____

Extent of injury _____

EMERGENCY PROCEDURES FOLLOWED AT THE TIME OF THE ACCIDENT:

Was treatment given at the accident site? _____ Yes _____ No

Treatment by: _____ Nurse _____ Level 1 first-aidier _____ Level 2 first-aidier _____ Other

Name of nurse / first aidier / other _____ Phone _____

Describe treatment _____

OTHER TREATMENT:

_____ Doctor's office / clinic _____ Hospital Name of clinic / hospital _____

Location _____

Was injured retained overnight in a hospital? _____ Yes _____ No

Name of physician in attendance _____

WHO WAS NOTIFIED:

Were the parents notified? _____ Yes _____ No By: _____ phone _____ writing _____ other

By whom? _____ Position _____ Time _____ am / pm Date _____

Parent's response _____

Was the media involved? _____ Yes _____ No By phone _____ At the site _____

MEDIA CONTACT IS DISCOURAGED

Describe media contact _____

Was the council notified via telephone? _____ Yes _____ No

Who called the council? _____ Date _____ Time _____ am / pm

Who responded from the council? _____ Date _____ Time _____ am/ pm

REPORT COMPLETED BY:

Signed _____ Position _____ Date _____

MAIL THIS FORM WITHIN 24 HOURS OF THE ACCIDENT TO THE COUNCIL OFFICE

**ATTN: ACCIDENT REPORT
GIRL SCOUTS OF BROWARD COUNTY, INC.
4701 NW 33RD AVENUE
OAKLAND PARK, FL 33309
FAX (954) 735-2402**

If necessary, a Girl Scout accident insurance form should also be completed and sent to the council office at the above address.

COUNCIL OFFICE USE ONLY:

____ Personnel _____ Executive Director _____ Mutual of Omaha _____ Worker's Comp
____ Property Director _____ Membership Director _____ Finance Director _____ GSUSA