



Girl Scouts of the Calumet Council Accident/Incident Report Form

Name of Event _____ Date _____ Location _____

PERSON INVOLVED: _____
(Last Name) (First) (M.I.)

Address: _____ Phone: (____) _____
(Street) (City) (State) (Zip)

Age: _____ Sex: _____ Status at event: _____
(camper, counselor, visitor, participant etc.)

Type of Incident: Behavioral _____ Accident _____ Illness _____ Other _____

Please describe details on backside of this sheet.

Date of Incident: _____ Time _____
(Day of Week) (Month) (Date) (Year)

Name of Parent/Guardian (If minor) _____

Address: _____ Phone: (____) _____
(Street Number) (City) (State) (Zip)

Parent/Guardian notified: Date: _____ Time: _____ By Whom: _____

Emergency Contact Notified: _____ Phone: (____) _____

By whom: _____ Date: _____

Council Executive Director/CEO Notified: Date: _____ Time: _____

By whom: _____

Name(s)/Address(es) of Witness(es) (Attach signed statements as to Accident/Incident):

ON SITE HEALTH SERVICE USED:

First Aider Present: _____ Time: _____ Date: _____ Notified by _____

Ambulance (which service): _____ Time: _____ Date: _____ Notified by _____

