



# Girl Scouts.

Girl Scouts of Northern California  
 7700 Edgewater Drive, Suite 340  
 Oakland, CA 94621  
 T (800) 447-4475 (510) 562-8470  
 F (510) 562-3194  
 www.GirlScoutsNorCal.org  
 info@GirlScoutsNorCal.org

## Incident/Injury Report Form

This form is to be used to report any incident/injury accident.  
**Fax this form to Council Insurance Specialist within 24 hours of incident.**  
 Fax to (510) 562-3194, 24 hours a day, 7 days a week.

### A. Injured Information

a.m.  p.m.

Date of Incident/Injury	Time		
Location (include complete address)	City	State	Zip
Name of Injured	Age	Sex	
Address	City	State	Zip
Parent's Name	Parent's Telephone (include area code)		
Parent's Email Address			

### B. Witnesses

Attach signed statements.

Name	Telephone		
Address	City	State	Zip
Name	Telephone		
Address	City	State	Zip
Name	Telephone		
Address	City	State	Zip

### C. Describe Incident/Injury: (Include part of body injured.)

---



---



---

### D. How Did Incident/Injury Occur? (Describe in detail.)

---



---

Police Report Filed?  Yes, Police Report # \_\_\_\_\_ Police Department \_\_\_\_\_  No

**E. First Aid**

Was first aid given?  Yes  No

\_\_\_\_\_  
If yes, by whom? Where?

\_\_\_\_\_  
Time first aid administered

\_\_\_\_\_  
Description of First Aid

**F. Action Taken**

After the incident did the injured:  continue activity  limit activity  go home  go to the hospital

\_\_\_\_\_  
If taken to the hospital, who took the injured?

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Name of Attending Physician

**G. Parent Notification**

Were parents notified?  Yes  No

\_\_\_\_\_  
If yes, how? (writing, telephone, etc.) Who notified parents? How soon after the incident?

**H. Equipment**

Was any equipment or object connected with this incident?  Yes  No

\_\_\_\_\_  
If yes, what? How did it contribute?

**I. Behavior**

Did any behavior or activity by injured contribute to incident/injury?  Yes  No

\_\_\_\_\_  
If yes, explain?

**J. Other Contributing Factors**

List other contributing factors.  
\_\_\_\_\_  
\_\_\_\_\_

**K. Prevention**

How could this incident have been prevented?  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted By**

\_\_\_\_\_  
Name Position/Title Date

**OFFICE USE ONLY**

DATE RECEIVED IN COUNCIL OFFICE \_\_\_\_\_ DATE REPORTED TO INSURANCE COMPANY \_\_\_\_\_