girl scouts of eastern missouri

Standard Incident Report Form

This form is to be used to report any incident, injury or accident involving girls or adults participating in a Girl Scout activity. It can be emailed to Kathy Dabrowski, Director of Camping Services and Risk Management at kdabrowski@girlscoutsem.org or faxed to 314.214.3024.

Location Name _____ Program _____

Date of Incident _____ Hour _____ am pm
Day of Week Month/Day/Year

Type of Incident: Verbal Physical Accident Other (describe) _____

Name of primary involved person _____
Last Name First Name

Age _____ Sex _____ Child Adult Phone _____

Address _____
Street City State Zip

Other involved people:1) _____

2) _____

3) _____

Describe detailed sequence of activity; include what individual was doing at time: _____

_____

_____

_____

_____

If primary involved person is a minor, name of Parent/Guardian:

_____
Last Name First Name

Notified on _____ by whom _____
Last Name First Name

Position Title (Troop Leader, Event Director, First Aider etc): _____

If not notified, why not: _____

Parent/Guardian response:

_____

_____

_____

Where did incident occur? Specify location of witnesses and person involved. Attach drawing if possible.

_____

_____

Was any equipment involved? Yes No If so, what kind?

_____

_____

Emergency procedures followed at time of incident:

_____

_____

_____

By whom: _____ Position: _____

Could this incident have been prevented? Yes No

What could the individual have done to prevent incident?

_____

_____

Witnesses: (attach signed statements if possible)

Name: _____ Position: _____
Last Name First Name

Phone_____

Name: _____ Position: _____
Last Name First Name

Phone_____

Council Staff notified: (e.g. Volunteer Support Coordinator, Recruitment Manager, Camping Program Manager, Program Manager etc.)

Name: _____Date: _____

Name: _____Date: _____

Incident Report Submitted by _____ Position _____

Date _____