

# INCIDENT REPORT

NATURE	BODILY INJURY ILLNESS	PROPERTY DAMAGE OTHER: _____	BEHAVIORAL INCIDENT
TIME & PLACE OF INCIDENT	DATE: _____ TIME: _____ AM PM EVENT NAME: _____ EVENT TYPE: _____ ADULT IN CHARGE: _____ PHONE: _____ E-MAIL: _____ CONTACT PERSON: _____ PHONE: _____ E-MAIL: _____ LOCATION: _____ PARENTS NOTIFIED? YES NO BY WHOM: _____ WHEN: _____ HOW? IN PERSON BY PHONE IN WRITING OTHER: _____ SIGNIFICANT REACTIONS: _____		
HAPPENED TO	NAME: _____ SSN: _____ DATES OF BIRTH/AGE: _____ SEX: Male Female PHONE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PARENT/GUARDIAN (IF MINOR) _____		
FUNCTION	AS: GIRL PARTICIPANT VOLUNTEER SPECTATOR BYSTANDER STAFF MEMBER OTHER: _____		
APPARENT INJURY OR DAMAGE	BODY PART: _____ FATALITY CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.): _____ ON-SITE CARE ONLY, BY: PHYSICIAN EMT FIRST AIDER NURSE OTHER: _____ TRANSPORTED TO: _____ CITY: _____ TRANSPORTED BY: CAR: Staff Member Volunteer Parent AMBULANCE TREATED AT: PHYSICIANS OFFICE URGENT CARE EMERGENCY ROOM FACILITY NAME: _____ CITY: _____ TREATING PHYSICIAN: _____ TREATMENT GIVEN, IF KNOWN: _____ ADMITTED TO HOSPITAL? YES NO FACILITY NAME: _____ RELEASED TO: PROGRAM STAFF VOLUNTEER PARENT/GUARDIAN OTHER: _____ NAME: _____ WHEN: _____		
OCCASION (Draw diagram if needed on an additional page))	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT? _____ _____ _____		
INDICENT DESCRIPTION (Attach additional pages if needed)	DESCRIBE WHAT HAPPENED: _____ _____ _____		
WITNESSES (If known) (Attach additional pages if needed)	NAME: _____ ADDRESS: _____ PHONE: _____		NAME: _____ ADDRESS: _____ PHONE: _____
INSURANCE List injureds primary health insurance	NAME OF INSURED: _____ INSURANCE COMPANY: _____ CITY: _____		POLICY # _____ PHONE: _____ STATE: _____
EQUIPMENT (If vehicle, list Make/Model/Year, owner and operator)	LIST ANY VEHICLES AND/OR EQUIPMENT INVOLVED. (Please note: Vehicle insurance is the responsibility of the driver. Neither Girl Scouts Carolinas Peaks to Piedmont nor GSUSA is responsible for damages done to vehicles while driven by volunteers.) _____ _____		
COMPLETED BY	VOLUNTEER STAFF PARENT OTHER: _____ NAME: _____ PHONE: _____ TITLE: _____ TROOP/GROUP: _____ SIGNATURE: _____ DATE: _____		