Girl Scouts of Peninsula Waters, Inc.

9/03/db

ACCIDENT REPORT

To be used for reporting any accident at a Girl Scout function.
Mail to: Girl Scouts of Peninsula Waters, Inc., 131 W. Washington St. Suite C, Marquette, MI 49855

Troop #: _____ Age Level: _____ Service Area: _____

Leader's Name: _____ Day Phone: _____

Address: _____
Street City Zip

Other adults present: _____
Name Position

_____
Name Position

Name of Injured: _____

Address: _____
Street City Zip

Phone: _____ Age: _____

Place of accident: _____ Date: _____

What happened? (Be as detailed as possible. Provide what, where, when, how, why?):

What medical treatment was given? (If none given, explain why.)

Name of person giving treatment: _____

Qualifications: _____

Were parents/guardians notified? YES ___ NO _____ What was their response?

Was insurance form forwarded to them? YES _____ NO _____

Comments: (Use back of sheet if necessary)

Signature: _____ Date: _____