



# INJURY & INCIDENT REPORTING FORM

The purpose of this form is to notify Council Staff when injuries occur. A form should be completed for all injuries (requiring more than a simple Band-Aid), regardless of severity. It may also be used to report accidents and serious incidents that are beyond normal conditions members should expect as part of Girl Scouting (e.g. fights, "near miss" accidents, lost children, etc.)

Date Form Submitted \_\_\_\_\_ Date of Occurrence \_\_\_\_\_

Name of Person Submitting Form \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name and Status of Person(s) Directly Involved:

Name	Status
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> Girl Member <input type="checkbox"/> Adult Member <input type="checkbox"/> Employee <input type="checkbox"/> Other _____

The Occurrence took place during (please check one):

- Troop Meeting  Troop Activity or Outing  Troop Trip  Troop Camping  Summer Camp
- Council Sponsored Program or Event  Other \_\_\_\_\_

Location of Occurrence \_\_\_\_\_

Address \_\_\_\_\_

Troop # \_\_\_\_\_

Brief Description of the Occurrence (add additional sheet of paper if necessary)

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Was anyone injured?

No

Yes Name of Injured Person(s) \_\_\_\_\_

Description of Injury \_\_\_\_\_

Was Medical Attention Immediately Sought or Provided?

No

Yes Please describe \_\_\_\_\_

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For girls, was her parent(s) present?

Yes

No

Name & Phone # of Party who informed parents \_\_\_\_\_

How and when were the parents informed? \_\_\_\_\_

SUBMIT COMPLETED FORM TO [incidentreport@gscsnj.org](mailto:incidentreport@gscsnj.org).