



Girl Scouts®

Girl Scouts of the Fox River Area, Inc.

ACCIDENT/HAZARD REPORT

ALL accidents/hazards should be reported within 24 hours when the *health* or *safety* of girls and/or adults is threatened or compromised. This could be in a camp setting, troop meeting, on a trip, or during an interest group activity.

Reportable accidents/hazards include, but are not limited to:

- Physical injury to persons, damage to property, or a potential hazard that could result in harm to persons or property.

Reporting these accidents/hazards to the council will help in identifying areas that will need to be addressed to better serve the council.

Personal Data - Victim

Name _____ Age _____ Gender M F
 Address _____ City/State/Zip _____
 Family contact name _____ Phone _____
 Relationship to victim _____
 Was family notified? Yes No When? _____ a.m. or p.m. ?
 With whom? _____ How was contact made? _____

Report Prepared By

Name (please print) _____ Position _____
 Phone _____ Email _____
 Signature _____ Date _____ Time _____ a.m. or p.m. ?

Incident Data

Date and Time of Accident/Hazard _____ a.m. or p.m.
 Location of accident/hazard (be specific) _____
 Provide a brief description of the event _____

Who was with the person at time of the accident/hazard?
 Was there any damage to property? Yes No If yes, please describe.

Was equipment or object connected with the accident/hazard? Yes No
 If yes, what equipment and how did it contribute to the incident?

Were the authorities contacted (school officials, social services, police, etc)? Yes No
 Who was contacted? _____ When? _____ a.m. or p.m.
 By whom? _____

Witness Data

Name
Address
Name
Address

Phone
City/State/Zip
Phone
City/State/Zip

If Injured:

Describe the injury in detail

Did victim receive medical attention/first aid? Yes No

Did victim refuse medical attention/first aid by staff/person in charge? Yes No

What medical care/first aid was offered/provided?

Name of person providing care

Did accident involve anyone being exposed to blood or potentially infectious fluids? Yes No

If yes, were precautions taken to avoid a direct skin or body surface contact? Yes No

Was EMS called? Yes No If yes, by whom?

What time was EMS called? a.m. or p.m.

Was the injured party transported to an emergency facility? Yes No If yes, which facility?

Additional Remarks

Return this form in a sealed envelope to:

Girl Scouts of the Fox River Area, Inc., Attn: Property Coordinator; 4693 N. Lynndale Drive,
Appleton, WI 54913-9614

For office use only

Copies to: ___GSUSA ___Council attorney ___Council files ___Camp Birch Trails