



Girl Scouts of Central Maryland
4806 Seton Drive
Baltimore, MD 21215
410.358.9711 or 800.492.2521
gscm.org

Incident/Accident Report Form

Return completed, signed report along with any other pertinent documentation
within 48 hours to GSCM via membercare@gscm.org

Girl Scout Activity (check):

- Troop/Group, Service Unit, Resident Camp, Day Camp, Council Sponsored Program/Event, Council-Sponsored Training, Other:

A. Date of Incident/Accident: Time: AM PM

B. Location of Incident/Accident:

C. Description of the Incident/Accident (be specific):

D. Weather Conditions (if applicable):

E. Complete this section for each injured person:

Name of Injured Person:

Age: Gender: Female Male Other:

Street Address City State Zip Code

Day Time Phone #: Evening Phone #:

Check One: Girl Scout Member Visitor Employee Other:

Nature of Injury:

- Was the injured individual referred to first aid? Yes No
Were emergency services (EMS) called? Yes No
Did the first aider offer care? Yes No
Did the individual accept first aid care? Yes No

If injured was a child, name of person who contacted parent(s)/caregiver(s):

If transported to medical facility, where was injured person taken?

By whom? _____

What was the outcome/result? _____

F. Witnesses:

Name: _____ Phone #: _____

Street Address _____ City _____ State _____ Zip Code _____

Position (i.e., volunteer or staff), if applicable: _____

G. Complete this section for vehicular incidents/accidents:

Name: _____ Phone #: _____

Position (i.e., volunteer or staff), if applicable: _____

Street Address _____ City _____ State _____ Zip Code _____

Is the individual who was driving and approved driver with GSCM? Yes No

Does the individual driver have auto insurance? Yes No

Insurance Company: _____ Policy#: _____

Vehicle Make and Model: _____

Driver's License #: _____ License Plate #: _____

Police Report#: _____ Citation Issued? _____

Complete Witness, Section F, if necessary.

Name of Person Completing this Report (print): _____

Signature: _____ Date: _____

Position (i.e., volunteer or staff), if applicable: _____

Authorized Signature/Date
Chief Financial Officer (CFO)

Authorized Signature/Date
Chief Executive Officer (CEO)