



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

Incident/Accident Report Form

This report is to be completed when any adult/girl incident occurs during a Girl Scout activity. 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 an 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? _____

Name of Person Completing this Report

Name of Person Completing this Report (print): _____

Signature: _____ Date: _____

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