

GIRL SCOUTS OF WASHINGTON ROCK COUNCIL, INC.

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FIRST AID AND INCIDENT REPORT

PLEASE COMPLETE, USING DETAIL

NAME OF INJURED _____ AGE _____ SEX _____

IS THE INJURED INDIVIDUAL A REGISTERED GIRL SCOUT? YES _____ NO _____

NAME/NATURE OF PROGRAM/EVENT _____

IF SO, SERVICE UNIT _____ TROOP NO. _____

DATE OF INCIDENT _____ TIME _____ A.M. _____ OR P.M. _____

WHERE OCCURRED? _____

DESCRIBE ANY INJURY _____

WAS EMERGENCY FIRST AID GIVEN? YES _____ NO _____ If yes:

WHO GAVE IT? _____

WHERE GIVEN? _____

HOW MUCH TIME ELAPSED BETWEEN INCIDENT AND FIRST AID? _____

WHAT DID FIRST AID CONSIST OF? _____

DISPOSITION: CONTINUED ACTIVITY _____ SENT TO QUARTERS _____
SENT TO INFIRMARY _____ SENT HOME _____
TAKEN TO HOSPITAL _____ BY WHOM _____

DATE _____ NAME OF HOSPITAL _____

ADDRESS _____

WERE PARENT/GUARDIAN NOTIFIED? Yes _____ No _____ IN WRITING? _____ BY PHONE? _____

OTHER (EXPLAIN) _____

BY WHOM? _____ HOW SOON AFTER THE INCIDENT? _____

HOW DID INCIDENT OCCUR? (DESCRIBE IN DETAIL) _____

(PLEASE CONTINUE ON BACK)

FIRST AID AND INCIDENT REPORT

WAS ANY EQUIPMENT OR OBJECT CONNECTED WITH THE INCIDENT? Yes____ No_____

IF YES, WHAT? _____

HOW DID IT CONTRIBUTE TO THE INCIDENT? _____

DID UNSAFE ACTIVITY BY THE PARTICIPANT CONTRIBUTE TO THE INCIDENT? Yes____ No_____

IF YES, EXPLAIN. _____

NAME AND PHONE NUMBERS OF WITNESSES _____

COMMENTS:

PLEASE SUBMIT ALL REPORTS TO THE COUNCIL SERVICE CENTER

SUBMITTED BY _____

POSITION _____

PHONE _____

DATE OF REPORT _____