

GIRL SCOUT COUNCIL OF ORANGE COUNTY

**ACCIDENT REPORT**

If any injury accident is sustained by a registered Girl Scout or a registered adult during a Girl Scout activity (troop meeting or outing, campout, council-sponsored event, etc) the adult in charge is to report the circumstances on this form. This form must be completed in addition to any first aid log that may be used for the event.

Mail the completed form to the Girl Scout Council of Orange County. P.O. Box 3739, Costa Mesa, CA 92628-3739, **AS SOON AS POSSIBLE**.

In the event of injury to a girl, the original of the signed parent permission slip is to accompany this report.

DATE OF REPORT \_\_\_/\_\_\_/\_\_\_ GIRL \_\_\_ ADULT \_\_\_ WAS THIS A DAY CAMP? Yes \_\_\_ No \_\_\_

NAME OF INJURED PERSON \_\_\_\_\_ TROOP # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

1. Describe in detail the injury and how it occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of accident \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

3. Treatment administered at the site of the accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of hospital used \_\_\_\_\_  
Address \_\_\_\_\_

Person reporting accident \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Troop Leader \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_