Girl Scouts of Southern Illinois Incident Report Form

Please complete one form for each injured person or incident and return completed form to GSofSI Customer Care: customercare@gsofsi.org. Once this form is reviewed, a council staff representative will reach out to you to follow up on the incident that occurred.

In an emergency, 911 should be contacted immediately. When the situation is under control by emergency medical services, the council should be contacted immediately by calling the GSofSI emergency line at 1-800-345-6858 and choosing option 3. If contacted by the media for any reason, the only response should be to please direct them to the official spokesperson for the council, the Chief Executive Officer.

Name of person completing report: _______________________ Date: ____________

This form is documenting (check all that apply):

☐ Injury/First Aid
☐ Illness
☐ Accident

Details of person injured or involved:

Person: ___________________________________________ Troop: ______________________

Parent’s Name (if injured is a child): _______________________________________

Email: ___________________________________ Phone: ________________________

Details of Injury/Incident/Accident:

Date and Time of Injury: _________________

Location of incident (include physical address):

________________________________________________________________________

Description of Incident/Injury/Accident and sequence of events. (Use an additional sheet of paper, if needed):
Was injury sustained?

☐ Yes
☐ No

Was first aid administered?

☐ Yes
☐ No

If treatment was administered by anyone, please note their full name and title and description of treatment given (include any licensed professionals):

Name: _________________ Title: ________________ Phone: ________________

Description of Treatment: ________________________________________________

If person injured was girl, and parent was not present, was parent notified?

☐ Yes
☐ No

Parent Response: _______________________________________________________

Were there any witnesses to the incident that took place? If so, please provide their contact information below:

Name: __________________________     Name: __________________________
Phone: __________________________  Phone: __________________________

Was a council representative notified?

☐ Yes
☐ No

If yes, who? __________________________ When? _________________

Report any unsafe conditions here:

________________________________________________________________________________
________________________________________________________________________________

Signature: _____________________________    Date: __________________________