

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: <u>customercare@gsofsi.org</u>. 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:
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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 Insident /Iniumy/Assident and a	or on a differente (Llas are additional

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



Was injury sustained?

- □ Yes
- \Box 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:			
Signatura		Data	
Signature:		Date:	