

Accident/Injury Report



INSTRUCTIONS: Complete whenever an accident results in bodily injury. Ensure that all sections are filled out accurately and thoroughly. Keep a copy for your records and mail the original to the Council (GSSC) within 24 hours following the accident. If a claim for benefits is made, the parent or caregiver will be asked to complete the appropriate insurance forms. Claims will be processed with Girl Scout insurance.

Name of Injured _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent/Caregiver's Name _____

Phone _____ Email _____

Date of Accident/Injury _____ Time of Accident/Injury: _____

Registered Girl Scout: Yes No If yes, Troop # _____ Service Unit # _____

Name of person supervising activity: _____

Place where accident occurred: _____
(Name and Address of Place)

Describe what happened:

Describe injury: _____

Describe first aid administered: _____

Name of person administering first aid: _____

Was injured person treated by a doctor either at the scene or after? _____

If applicable, Doctor's Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Hospital Name: _____ Phone: _____

Name, address & phone of witnesses:

Reported by: _____ Phone: _____ Date: _____

Office Use Only: Received by _____ Date received _____

(Last Updated: 5/19/25)