

# Accident/Injury Report

An Accident/Injury Report should be completed if you understand that a potential insurance claim form could be submitted at a later date. This form is required to be filled out within **3 business days** (even if an accident may appear minor at that moment) by the Troop Leader, per diem/seasonal staff or council staff, whoever is the lead/facilitator of the activity in progress. Completed Accident/Injury Report form must be submitted to: [accidentreporting@gsnnj.org](mailto:accidentreporting@gsnnj.org). Retain a copy for your records.

Date of accident/injury \_\_\_\_\_ Time of accident/injury \_\_\_\_\_  
 Date submitting report \_\_\_\_\_ Location of the accident/injury \_\_\_\_\_

Provide a specific address, facility name, and any relevant details (e.g., "in the troop house kitchen," "at the campfire circle").

### Person completing the report

Name \_\_\_\_\_ Your role \_\_\_\_\_  
 Your troop # \_\_\_\_\_ Service Unit name \_\_\_\_\_  
 Your contact information (phone) \_\_\_\_\_ Email \_\_\_\_\_

### Details of the person injured

Name \_\_\_\_\_ Child \_\_\_\_\_ (age) \_\_\_\_\_ Adult \_\_\_\_\_  
 Contact information (Address) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Sex (male \_\_\_\_\_ or female \_\_\_\_\_)  
 Role in Girl Scouts Girl Member \_\_\_\_\_ Adult Member \_\_\_\_\_ Guest \_\_\_\_\_ Registered member? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If the injured person is a minor, please provide Parent/Guardian information \_\_\_\_\_

Was Parent/Guardian notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_  
 Name and position of the person who notified them \_\_\_\_\_

If accident involved more than one person, add additional information on the back of this form.

### Describe the Accident

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did anyone witness the accident?  No  Yes If yes, who? \_\_\_\_\_

Who attended to the injured person? \_\_\_\_\_

Was the Rescue Squad called?  No  Yes If yes, which one? \_\_\_\_\_

Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_

**NOTE: Use back of sheet if more space is needed.**

Witness to accident/injury: \_\_\_\_\_

Action Taken: \_\_\_\_\_

**NOTE: Use back of sheet if more space is needed.**

Suggested follow up: \_\_\_\_\_

Signature of person submitting report: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_