



GIRL SCOUTS OF GREATER ATLANTA, INC.
ACCIDENT/INCIDENT REPORT FORM

USE:	<p>Attach a separate page describing the sequence of activity in detail including what the (injured) person was doing at the time. Only include facts that you know to be true. For example:</p> <ul style="list-style-type: none"> • Location of the accident or incident <ul style="list-style-type: none"> ○ If accident was participant involved in an activity, if so, what type? ○ Was any specialized equipment involved with the activity? • Weather conditions if applicable • What emergency procedures were followed <ul style="list-style-type: none"> ○ By Whom ○ What is their position (such as Troop First Aider, etc) • What local authorities, such as law officers, fire, EMT, were notified? • Did you notify council using emergency procedures? • Who did you contact – note the time and date • Describe any contact made with/by the media regarding this situation
SEND TO:	<p>Return this completed form within 72 hours to: email: riskmanagement@gsgatl.org or FAX: 770-702-9585 or Mail: Risk Management Department, 5601 North Allen Road, Mableton, GA 30126</p>

NAME OF PERSON INVOLVED _____ AGE _____ SEX _____

TROOP # _____ ADDRESS _____
STREET NAME & NUMBER CITY STATE ZIP

NAME OF PARENT/GUARDIAN (if minor) _____ PHONE _____

EMAIL _____ SERVICE UNIT _____

DATE OF INCIDENT/ACCIDENT _____ HOUR _____ AM or PM
Day of week Month Day Year

BRIEF DESCRIPTION OF ACCIDENT _____

WHERE DID THE ACCIDENT OCCUR? _____

NAME/EMAIL/PHONE NUMBER OF WITNESSES

1. _____
2. _____

THIS REPORT WAS COMPLETED AND SUBMITTED BY: PRINT NAME: _____

POSITION _____ DATE _____ SIGN NAME: _____

EMAIL _____ PHONE NUMBER _____