



Standard Incident Report

This form is to be used to report any incident, injury or accident involving girls or adults participating in a Girl Scout activity. It can be emailed to program@gksmo.org or faxed to 816.358.5714.

Activity _____ Location _____

Date of Incident _____ Hour _____ AM PM
Day of Week Month/Day/Year

Type of Incident: Verbal Physical Accident Other (describe) _____

Name of primary involved person _____
Last Name First Name

Age _____ Sex _____ Child Adult Phone _____

Address _____
Street City State Zip

If primary involved person is a minor, name of Parent/Guardian:

Last Name First Name

Other involved people: 1) _____

2) _____

3) _____

Where did incident occur? Specify location of witnesses and persons involved. Attach drawing if appropriate.

Describe incident in as much detail as possible;

Emergency procedures followed if necessary:

Was primary caregiver notified? Yes No

Notified on _____ by whom _____
Last Name First Name

Position Title (Troop Leader, Event Director, First Aider etc): _____

If not notified, why not? _____

Parent/Guardian response/comment: _____

WITNESSES: (attach signed statements if possible)

Name: _____ Position: _____
Last Name First Name

Phone: _____

Name: _____ Position: _____
Last Name First Name

Phone: _____

Council Staff notified:

Name: _____ Date: _____

Name: _____ Date: _____

Incident Report Submitted by _____ Position: _____

Date: _____ Email: _____

If medical treatment was provided, please also complete an insurance claim form.