



# INCIDENT REPORT FORM

Please complete this form whenever a participant, volunteer, staff member, or guest has a serious accident, illness, abuse, or injury.

Please return the form within 24 hours of the incident to Girl Scouts of Colorado. Completed forms can be emailed to [Risk.Management@gscolorado.org](mailto:Risk.Management@gscolorado.org). Please attach any supporting documents, such as a police report if applicable. Additional pages may be added if needed.

Please List the Type of Incident (serious accident, illness, abuse, or injury)

\_\_\_\_\_

Name(s) of Person(s) Impacted by Incident \_\_\_\_\_

Age(s) \_\_\_\_\_

Male     Female     Minor     Adult

Name of Parent/Guardian (if minor) \_\_\_\_\_  
First Last

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Witnesses (Attach signed statement.):

1. \_\_\_\_\_ Phone. \_\_\_\_\_ E-Mail \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  a.m.     p.m.

Witness to describe incident in detail, including what the injured person was doing at the time and exact location (attach additional page if needed):

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

Witness to describe accident/incident scene in detail. Specify location, including location of injured and other witnesses. Use diagram to locate persons/objects (attach additional page if needed).

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

Was the injured person participating in an activity at the time of injury?  Yes     No

If yes, what activity \_\_\_\_\_

Was any equipment involved in the accident?  Yes     No

If yes, what kind? \_\_\_\_\_

Has an insurance claim been filed?  Yes     No

If yes, who has the claim form?

Attached     Parents     Other \_\_\_\_\_

Were parents notified?  Yes  No

Notified by:  Phone  Writing  Other \_\_\_\_\_

Other than the parent, who was notified?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Who notified parents? \_\_\_\_\_ Title \_\_\_\_\_

When were parents notified(time and date)? \_\_\_\_\_

Parent's Response:

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

Complete and/or Check All That Apply:

Where was medical treatment given?

Accident site  First Aid-Health Station  Doctor's office  Hospital

If treatment was given at camp, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Further treatment given \_\_\_\_\_

By whom? \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Date released from health service \_\_\_\_\_

Released to:  Parents  Other \_\_\_\_\_

Was injured retained overnight in the hospital?  Yes  No

If yes, which hospital? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

Name of physician in attendance \_\_\_\_\_

Date released from hospital \_\_\_\_\_

Released to:  Parents  Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Describe any contact made with or by the media regarding this situation and describe. Do not make any statements to the press. Refer all media contacts to the council office.

Incident report completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**FOR COUNCIL USE ONLY**

Insurance Notification by:

Mutual of Omaha: Plan 1 Date \_\_\_\_\_

Mutual of Omaha: Plan 2 (do not use) Date \_\_\_\_\_

Mutual of Omaha: Plan 3-E Date \_\_\_\_\_

Mutual of Omaha: Plan 3-P Date \_\_\_\_\_

Workers' Compensation: First Report of Injury Date \_\_\_\_\_

General Liability Date \_\_\_\_\_

**Copy Routing**

- CEO
- Council Attorney
- Council Insurance Agency
- Central Files

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