



# Accident/Sickness Report

Accident/Sickness reports should be completed for anyone that is injured or becomes ill during Girl Scout activities and requires first aid assistance. It is used to supplement insurance information and to notify the council. This form must be completed and submitted to the council office within 24 hours following the occurrence. If an insurance claim is needed, please submit the completed Girl Scouts of the USA Claim Form with this report to Girl Scouts of Southern Alabama. Do NOT send claim forms directly to the insurance company.

## Contact Information

Please indicate whom this report is being filed for:  Registered Girl  Registered Adult  
 Non-Registered Girl  Non-Registered Adult

Name of Injured/Sick \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. (MM/DD/YYYY) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Grade Level  Daisy  Brownie  Junior  Cadette  Senior  Ambassador  
 Name of Parent/Guardian (if child) \_\_\_\_\_

## Leader Information

Leader Name \_\_\_\_\_ Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

## Accident/Sickness Information

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_  
 Date of Report \_\_\_\_\_ Activity or Event in Progress \_\_\_\_\_  
 Treatment \_\_\_\_\_  
 Treatment provided by \_\_\_\_\_  
 Please indicate where injured/sick was taken for treatment (if applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of First Aid/CPR trained adult \_\_\_\_\_ Date \_\_\_\_\_

## If Injury Related

Description of injury \_\_\_\_\_  
 Tool, equipment or object causing injury \_\_\_\_\_

## Authorized Activity Representative

Name of person completing form \_\_\_\_\_ Position \_\_\_\_\_  
 Phone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_