

Incident Report Form

This form MUST be emailed to lncidentReport@GirlScoutsWW.org no later than 24-72 hours after the incident.

Report writing reminders:

- Print or write clearly in structured sentences.
- Each description should be <u>complete</u>, <u>detailed</u>, <u>fact based</u>, <u>and unbiased</u>.
- If you are being told something, then clearly state who told you and what was said.
- If you experienced or observed the incident, then state exactly what and how much you witnessed.
- If you are not the witness specify who reported incident. (E.g. Camper A statedto Camper B)
- Ensure full legal names (not camp names) of impacted individuals and witnesses are listed and legible.
- Ensure all lines are completed in the form including contact information for participants.

Zip:	Phone:			
	Phone:			
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COVID-1	9 Child F	Protective Service	s(CPS)/A	buse/Neglect
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Did the incident result in an injury or illness requiring first aid or medic if YES, please complete medical attention detail section on back) f NO, what action was taken:	al attention? YES NO	
Did the incident result in any property damage: YES NO		
if YES, please complete property damage detail section on back)		
Nas any equipment involved in the incident:What		
Nhat (if any) unsafe conditions / behavior contributed to the incident:_		
How could the incident have been prevented:		
Nhich Emergency Procedures were followed in responding to this inci	dent?	
Applied First Aid Called Emergency Medical Services	□ вотн	
Reported to Girl Scout office Who reported:	To whom:When:	_
Contact parent/guardian Who contacted:	_ When:How:	-
Secured scene for safety and further investigation		
Other:		
Describe any media contact with regard to this incident:		

MEDICAL ATTENTION DETAIL

Describe Injury or Illness (visible signs/symptoms):					
Injury classification: (circle one) SLIGHT	■ MODERATE	SEVERE FATAL			
(req. first aid only)	(req. medical attention)	(potentially life threatening) (death)			
Affected person refused medical treatment: YE	S NO Explanation:				
Was First Aid given at the scene: YES NO	By Whom:				
What kind:					
Were Emergency Medical Services (EMS) called:	YES NO ByWhom:				
Estimated elapsed time between injury and First Aid:		nd arrival of EMS:			
Was the affected person moved from the scene for m	edical care: YES	NO By Whom:			
To where:					
What treatment(s) given:					
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By	whom:	For how long:			
Affected person was released to: return to activity / hor					
	_				
Was affected person was taken to a hospital or other	medical facility: YES	NO By Whom:			
Hospital/Facility Name:	Phone:	City:			
Name of treating physician:	Date/Time Released:				
Affected's medical insurance company name:					
Door	PERTY DAMAGE DETAIL				
Property Damaged in Incident:					
Extent of Damage:					
Non-GSWW property owner's name (attach separate sheet if multiple owners/contacts)		Phone:			
Owner's Insurance Carrier:		Phone:			
Submitted by: (please print)		Phone :			
Signature:	Date:	Date:			