

Instructions:

1. This form must be completed by the adult in charge for all accidents resulting in injury.
2. Submit all information within 48-hours of the accident.
3. If the accident resulted in police involvement, please include a copy of the police report with the accident report submission.
4. If the media was contacted or present as a result of the accident, please refrain from making comments on behalf of Girl Scouts of Southeast Florida and contact Director of Marketing and Communications, Melinda Glasco at (772) 631-6893, for official council response and information.
5. Please direct any questions regarding completion of this form to Heather Hileman, VP of Member Engagement and Experience, at hhileman@gssef.org.

Registered Member/Volunteer's Name: (injured adult)

Member's Phone Number

Troop Number

Service Unit Name

Troop Leader/Advisor Name (activity leader/volunteer in-charge of event)

Troop Leader/Advisor Phone Number

Troop Leader/Advisory Email

Date of Accident

Time of Accident

Location of Accident

Was the media present?

Yes

No

I don't know

If a witness was present, list the name and contact information of the witness or witnesses below:

Witness 1 Name	Witness 1 Phone
Witness 1 Email	
Witness 2 Name	Witness 2 Phone
Witness 2 Email	
Witness 3 Name	Witness 3 Phone
Witness 3 Email	
Witness 4 Name	Witness 4 Phone
Witness 4 Email	

Nature of Accident

Treatment or Immediate Action

Physician's Name (if applicable)

Hospital's Name (if applicable)

First Aider Name (who responded/provided assistance)

First Aider's Phone Number

First Aider's Email

First Aider's Certification Expiration Date (First Aid)

Report filed by: Name

Email (of who filed report)

Date

Supporting Documents to Attach and Submit

Police Report	Yes	No
Witness Statement	Yes	No
Photos	Yes	No
Additional Information/Other	Yes	No

For office use only:

Date report received	Received by:
Date entered into Contact Record (SF)	

Travel application received for this activity: Yes No Date Received: