

In the event of an accident, illness, or injury at a Girl Scout activity, use this form to document and notify GSHNJ. Submit completed form to info@gshnj.org with the subject line "Accident/Injury Report" and copy the Troop Leader and Service Unit Manager as appropriate. Use [GSHNJ COVID-19 Incident Report](#) for COVID-19 exposures.

Tell us about the person who was affected.			
Name	Registered Member?	Yes	No
Role in Girl Scouts	Troop #	SU #	
Parent/Guardian's Name (if applicable)			
Email	Phone		

Tell us about yourself.			
Name	Role in Girl Scouts		
Email	Troop #	SU #	
Phone	Best Way to Contact		

Tell us about the location of the Girl Scout activity.				
Name of Event			Date of Event	
Name of Event Venue		Were Venue Staff Present? Yes No		
Venue Contact	Phone	Email		
Venue Address	City	State	Zip	

List any witnesses.

First Name	Last Name	Email	Phone	Role at Event (participant, chaperone, driver, coordinator, etc.)

Who was notified?

First Name	Last Name	Email	Phone	Role/Relation

Tell us what happened. Be as specific and detailed as possible.

Did they return to the activity?	Yes	No	If no, to whom were they released?
Was the media involved?	Yes	No	Media interaction:

What emergency response procedures were followed at the time of the accident?

Were parent(s) guardian(s) emergency contact(s) notified?	Date	Time
Who notified them?	Role	Phone
Was First Aid performed on site?	Yes	No
Who performed First Aid?	Role	Phone
Treatment description:		
Were emergency medical services called?	Yes	No
Treatment description:		
Name of hospital/clinic		
Address	City	State Zip
Attending physician's name	Phone	Release date

Note: the injured party may be eligible to file a claim with Girl Scouts' insurance. Go [here](#) to begin.

Signature

Date Submitted