

ACCIDENT REPORT FORM

Date of Report _____

Troop/Group # _____

Name of Injured _____ Age _____

Permanent Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name _____ Address _____

Date and Time of Accident _____

Where accident occurred (include address) _____

Describe how injury occurred (state facts only, not opinions about who was responsible) _____

Name and phone number of person handling emergency _____

Describe, in detail, action taken and by whom (attach additional pages if necessary) _____

List name and address of attending physician/medical facility below Not applicable Medical treatment not sought _____

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Extent of treatment _____

Girl Scouts of Ohio's Heartland Council, Inc., is not responsible for the payment of medical expenses. Payment should be obtained from primary medical insurance, then secondary Girl Scout insurance (if applicable), and then finally the patient or her parents/guardians.

Were parents notified? Yes No Date and time _____

What instructions did parents give? _____

Name, address, phone # of witnesses:

1. _____
2. _____
3. _____

Name and phone # of person making report: _____

Mail completed form to: Risk Manager
Girl Scouts of Ohio's Heartland Council, Inc.
1700 WaterMark Drive
Columbus, OH 43215-1097