



Accident/Incident Report

File this report within 24 hours of an accident/incident that occurs during a Girl Scout activity.

Fax (901-797-2183) or mail to: Executive Director
 Girl Scout Council of the Mid-South
 P. O. Box 240246
 Memphis, TN 38124-0246

Person Involved/ Injured Name _____ Phone (____) _____
 Address _____ City _____ State ____ Zip _____
 Tr. # ____ Age Level _____ Adult Girl Age _____ Sex _____
 Parent/Guardian (if minor) _____
 Home # (____) _____ Work # (____) _____
 Was parent notified? Yes No By Whom _____

Description of Accident/ Incident Date _____ Time _____ a.m./p.m. Location _____
 Type of Activity _____
 Describe what happened and injury: (Use the back of this form if necessary.)

Witnesses Name _____ Phone (____) _____
 Address _____ City _____ State ____ Zip _____
 Name _____ Phone (____) _____
 Address _____ City _____ State ____ Zip _____

Describe Care Given Care given by whom: _____
 Describe care: (Use the back of this form if necessary.)

Medical Treatment Physician's name _____
 Location _____
 Hospital _____
 Location _____
 Was person retained overnight in hospital? Yes No Date released _____

Person Completing This Form Name _____ Phone (____) _____
 Address _____ City _____ State ____ Zip _____
 Position _____
 Signature _____ Date _____

Office Use

Claim form(s) sent to _____ Date _____
 Claim submitted for payment to _____ Date _____