girl scouts in the heart of pennsylvania

Incident Report

Incident reports should be completed by the volunteer, staff or health professional who is at the incident site. The form should also be used when an incident is reported by phone to staff. Please complete both sides of the form.

Name of ill/injured person: _____ **Age:** _____ **Troop /Group#:** _____

Address of person: _____

_____

Date of incident: _____ **Time of incident:** _____

Location of incident: _____

Injured/ill person is a:

- ❑ Girl
- ❑ Volunteer
- ❑ Staff
- ❑ Other (Explain): _____

Description of incident:

_____

_____

_____

_____

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_____

Over Please →

Return completed Incident Report Form to:
Girl Scouts in the Heart of Pennsylvania
Attn: Incident Report Forms
350 Hale Avenue, Harrisburg, PA 17104
1-800-692-7816

girl scouts in the heart of pennsylvania

Incident Report

First aid/medical treatment provided (describe):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Treatment provided by:_____

Witness Name, Address, Phone and Email:	**Witness Name, Address, Phone and Email:**
_____	_____
_____	_____
_____	_____
_____	_____

This incident was reported to _____ **at the location of** _____

at the approximate time of _____.

Name of person completing form:_____

Address:_____

_____

Phone: _____ **Email:** _____

Signature:_____ **Date:**_____

Remarks/Comments:

_____

_____

For office use only:

☐ Insurance forms sent/received Date received: _____