

Complete and submit within 24 hours of accident/incident/illness

In the event of a serious accident/incident/illness or any situation that requires medical treatment, please follow the following procedures:

MAKE NO STATEMENTS TO THE PRESS OR OTHERS THAT MAY BE TAKEN AS AN ASSUMPTION OF RESPONSIBILITY

1. Ensure that first aid is/has been provided (refer to your wallet Emergency Card)
2. Contact the appropriate authorities/emergency care personnel to provide treatment
3. Notify the parent of the accident/incident/illness
4. Contact the council executive director, council president, or director membership & marketing as listed on your Emergency Card
5. Record an accurate record of the order of events, treatment given, telephone calls made, witnesses present – SUBMIT THIS COMPLETED FORM to the Chief Operating Officer of Girl Scouts of Southern Nevada.
6. If medical treatment is required provide a copy of the GSUSA Insurance Claim Form to the parent or medical provider – BE SURE TO SIGN AND DATE the leader portion of this form!
Reminder: Any medical treatment must occur within 30 days of the accident date!

COMPLETE ALL INFORMATION

TROOP INFORMATION:

Leader Name: _____ Troop # _____

City/St/Zip: _____

Telephone: (Daytime): ____ - _____ (Evening): ____ - _____

PERSON INVOLVED IN ACCIDENT/INCIDENT/ILLNESS:

This event was an: Accident Incident Illness

Date occurred: _____ Time occurred: _____

Name of person involved: _____

City/St/Zip: _____

Telephone: _____ - _____

Person involved is: Registered Girl Adult
 Non registered Child Adult

Medical treatment was received: Yes Date: _____ No

GUARDIAN INFORMATION:

If this person is a minor, list guardian contact

Guardian Name: _____

Telephone: (Daytime): _____ - _____ (Evening): _____ - _____

Parent was notified on: _____

Parent received signed Insurance Claim form on: _____

DESCRIPTION OF ACCIDENT/INCIDENT/ILLNESS:

What activity/event was taking place at the time of the injury/incident/illness:

Give detailed description of exactly what happened:

What actions did you take/when:

SUPERVISING ADULTS PRESENT:

Name: _____ Position: _____ Telephone: _____

Name: _____ Position: _____ Telephone: _____

Name: _____ Position: _____ Telephone: _____

Name: _____ Position: _____ Telephone: _____

PROPERTY DAMAGE:

Property damage: Yes No

Describe: _____

Owner

Name: _____ Telephone: _____

City/St/Zip: _____

SIGNATURE OF ADULT COMPLETING THIS FORM:

Signature

Date

RETURN THIS FORM TO:

Chief Operating Officer
Girl Scouts of Southern Nevada
2941 Harris Avenue
Las Vegas, Nevada 89101
T: 702-385-3677 F: 702-385-9278 1-800-762-6032