

## ACCIDENT REPORT

### Part A: Troop/Group User Information:

Troop/Unit Number: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Nature & Date of Event: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Registered Girl Scout:  Yes  No

Parent/Guardian Name \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Troop/Unit Leader: \_\_\_\_\_ Telephone \_\_\_\_\_

### Part B: Accident Information

1. Date & time of accident:

2. Location of accident:

3. Describe nature of accident and injury:

4. Name of person administering first aid, if given:

5. Describe in detail action taken and by who (attach additional pages, if necessary):

6. If accident occurred on Girl Scout property complete the questions below:

Resident Camp  Day Camp  Troop Camping  Other: \_\_\_\_\_

#### Mah-Kah-Wee:

Waterfront  Challenge Course  Unit  Trail  Pool  Other \_\_\_\_\_

#### Riverpoint:

Banana River Side  Sykes Creek Side  Other: \_\_\_\_\_

Celia Lane  Melbourne Scout House  Eustis Scout House  Pinecastle Scout House

Staff on duty:

Was site ranger notified?  Yes  No

(over)

7. List medical and/or law enforcement agencies contacted:

8. What Citrus Council personnel were notified?

9. Date and time called:

10. Names, addresses and telephone numbers of witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

11. Name and telephone number of person completing this form: \_\_\_\_\_

**COUNCIL REPRESENTATIVES**

407-341-2341 Emergency Phone

ROSIE MILLER  
Chief Development Officer

407-896-4475, ext .1312 or  
407-924-4170 (cell)

DR. PAMELA LENNOX  
Chief Executive Officer

407-896-4475, ext. 1238 or  
407-416-5818 (cell)

SHARON ALVANZO  
Senior Director of Human Resources

407-896-4475, ext.1313 or  
407-443-1678 (cell)