



95 Berkeley Street
 Boston, MA 02116
 T 617 482 1078
 F 617 482 9045

1740 Turnpike Street
 North Andover, MA 01845
 T 978 689 8015
 F 978 688 1846

111 East Grove Street
 Middleboro, MA 02346
 T 508 923 0800
 F 508 923 7676

265 Beaver Street
 Waltham, MA 02452
 T 781 893 6113
 F 781 893 0022

FIRST REPORT OF INCIDENT FORM

Injuries received by a girl or adult while participating in a Girl Scout event/activity should be reported to the council by completing this form. This form should be used for injuries that may require medical attention/follow-up, may require use of extra insurance, may involve media attention, or may involve a lawsuit. If there is a car accident, even if there is no visible injury, this form should be completed. It should not be used for small, every day injuries such as paper cuts or a scraped knee. If uncertain about if the form should be completed, err to the side of caution and complete the form or contact council staff.

Fill out as much as possible on this form and mail the original to:

Girl Scouts of Eastern Massachusetts
 Attn: Incident Report
 265 Beaver Street, Waltham, MA 02452

In the event of a serious injury (i.e. broken bone, concussion, etc) that the council needs to be aware of immediately, please FAX this form to 781-893-0022 and then mail the original form to the above address.

Person Completing Form: _____

Position: _____

Phone number: _____

Date of form completion: _____

NATURE OF INCIDENT

- Minor Injury Serious injury Fatality Natural Disaster

How many injured? _____

How many fatalities? _____

Names and addresses of person(s) injured:

Name	Address	Parent/Guardian	Phone #	DOB

Description of the incident: _____

When did it happen? Date: _____ Time: _____

Where did it happen?: _____

First Action Taken: _____

By Whom: _____

Was outside medical attention (ambulance, ER, general doctor, etc) sought? Yes No

If yes:

When?: _____

Where/Who?: _____

What was the final diagnosis (e.g. broken bone, stitches, virus, etc): _____

Witnesses:

Name

Address

Phone

Was the council contacted? Yes No

If yes:

Who: _____ Date: _____ Time: _____

Comments: _____

FOR OFFICE USE ONLY

Action taken: _____

