

ACCIDENT REPORT

Part A: Troop 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: _____

Waterfront Area:

Mah-Kah-Wee: East Swim Area West Swim Area Boating Area

Riverpoint: Banana River Side Sykes Creek Side Other:

Describe nature of accident and injury:

Check equipment used: Canoe Funoe Paddleboard Sailboat Other: describe

Staff on duty:

Name of person administering first aid:

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

Was site ranger notified? Yes No

(over)

7. List medical and/or law enforcement agencies:

8. Citrus Council personnel 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 (407) 924-4170 (cell) or
Chief Development Officer (407) 228-1604 or (800) 367-3906, ext.1312

DR. PAMELA LENNOX (407) 416-5818 (cell) or
Chief Executive Officer (407) 228-1600 or (800) 367-3906, ext.1238

SHARON ALVANZO (407) 228-1617 (cell) or
Senior Director of Human Resources (407) 228-1617 or (800) 367-3906, ext.1313