



## Accident /Incident Report

### Part A: Troop/Group User Information

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

Name of Event & Date: \_\_\_\_\_

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

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

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

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

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

Troop/Group Leader: \_\_\_\_\_ Telephone \_\_\_\_\_ Zip: \_\_\_\_\_

### Part B: Accident/Incident Information:

1. Date & time of accident/incident: \_\_\_\_\_

2. Location of accident/incident: \_\_\_\_\_

3. Describe nature of accident/incident 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):

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

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

**Mah-Kah-Wee:** ☐ Waterfront ☐ Challenge Course ☐ Unit ☐ Pool ☐ Other

**Riverpoint:** ☐ Banana River Side ☐ Sykes Creek Side ☐ Other: \_\_\_\_\_

☐ Celia Lane ☐ Melbourne Scout House ☐ Eustis Scout House ☐ Pine Castle Scout House

Staff on duty: \_\_\_\_\_

Was site ranger notified? ☐ Yes ☐ No

6b. If accident/incident did not happen on GSC property, please indicate complete name and physical address of location:

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: \_\_\_\_\_

12. Was there a police report filed?      Yes      No      If yes, please be sure to submit a copy with the paperwork.

### **Health Care Facilities located near GSC Properties**

- Mah-Kah-Wee Program Center: Florida Hospital East - 7727 Lake Underhill Rd. Orlando, FL 32822 (407) 303-8110
- Riverpoint Program Center: Cape Canaveral Hospital, 701 Cocoa Beach Causeway, Cocoa Beach. FL 32931 (321) 799 - 7111
- Pine Castle Scout House: Arnold Palmer Hospital for Children, 92 West Miller St. Orlando, FL 32806 (407) 649-9111
- Melbourne Scout House: Holmes Regional Medical Center - 1350 South Hickory St. Melbourne, FL 32901 (321) 434 - 1350
- Eustis Scout House: Florida Hospital/Waterman - 201 North Eustis St., Eustis, FL 32726 (352) 589 - 3333
- Celia Lane: Florida Hospital - 601 Rollins St, Orlando FL 32803 (407) 303 - 1256

### **Please keep in mind:**

If an accident or incident requires medical attention, the member's primary medical insurance is to be used first. GSUSA basic insurance that is included as part of an annual/lifetime Girl Scout membership, and/or included as part of an approved and sanctioned Girl Scout event, is used as a secondary insurance. Upon arrival to a health care facility, please be sure to provide your insurance information along with any additional information. When submitting a claim to Girl Scouts of Citrus, please be sure to submit copies of all the paperwork for the claim and keep originals for your file.

**Reporting an Accident/Incident and Council Contacts:** To report or file a claim for any type of accident or incident, please forward a copy of this report with any supporting documents, i.e.: statements, invoices, reports, etc. to: Customer Care at [customercare@citrus-gs.org](mailto:customercare@citrus-gs.org)

For immediate assistance:

➤ During regular business hours, please contact Customer Care for all questions at 407-896-4475.

➤ During non- business hours, please contact the designated staff member below for assistance:

- Laura Schindler, Chief Mission Delivery Officer at 321 -960 -8999 or [lschindler@citrus-gs.org](mailto:lschindler@citrus-gs.org)