

Accident/Incident Report

This form is to be completed whenever someone has been involved in any type of incident. The designated/responsible adult for the troop/group/activity should complete this form and submit it to Customer Care at customercare@citrus-gs.org with all supporting documents and statements within 72 hrs. of the incident. Be sure to put in the subject line "Accident/Incident Report" and a staff person will follow-up with you once the information has been reviewed. If you need immediate assistance during business hours, please reach out to Customer Care at 407-896-4475. During non-business hours please contact Chiara Lazarus, VP of Business Services for any questions regarding medical incidents at 404-509-7176 or contact Theresa Rivera, Risk Management and Compliance Officer for questions regarding any other incidents at 386-847-7022.

Please complete all applicable information below

Name of Person Involved: _____ Date of Report: _____

Is the person a Minor ____ Adult ____ DOB: _____ Are they a Registered Girl Scout: Yes ____ No ____

Parent/Guardian Name: _____ Were they notified? Yes ____ No ____

Mailing Address: _____ Contact Number: _____

Email Address: _____

Troop/Group Co-Leader: _____ Contact Number: _____

Email Address: _____ Troop #: _____ Service Community: _____

Incident Information

1. Name of Event/Activity: _____

2. Date of Incident: _____ Time of Incident: _____ AM ____ PM ____

3. Location Name and Address: _____

4. Type of Facility: GSC Community Partner Public Park/Campground Other

5. Location Contact Name: _____ Were they contacted ? Yes No

6. Type of Incident: Accident Behavioral Medical Safety/Risk Other: _____

7. Describe the nature of the incident and describe what steps were taken in detail and by who:

8. If first aid was administered at the scene, please list by who: _____

9. List any medical or law enforcement agencies that were contacted (if applicable):

10. Was a police report was filed? Yes ____ No ____ If yes, be sure to include a copy with the paperwork.

11. Which GSC staff person was notified? _____

12. What time were they called? _____ AM PM



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Please list names and contact numbers for any witnesses:

1. Name: _____ Contact Number: _____
2. Name: _____ Contact Number: _____
3. Name: _____ Contact Number: _____

Please list the contact information for the person completing this form:

Name: _____ Contact Number: _____

Position or role: GSC Staff Volunteer Parent Other : _____

Hospitals near Girl Scouts of Citrus Council Properties:

Mah-Kah-Wee Program Center
 AdventHealth East
 7727 Lake Underhill Rd, Orlando, FL 32822
 (407) 303-8110

Eustis Scout House
 AdventHealth Waterman
 1000 Waterman Dr, Tavares, FL 32778
 (352) 253-3333

Pine Castle Scout House
 Arnold Palmer Hospital for Children
 92 West Miller St. Orlando, FL 32806
 (407) 649-9111

Council Service Center and Celia Lane
 AdventHealth Orlando
 601 Rollins St, Orlando FL 32803
 (407) 303-1256

Riverpoint Program Center
 Health's First Cape Canaveral Hospital
 701 Cocoa Beach Causeway
 Cocoa Beach, FL 32931
 (321) 799-7111

Melbourne Scout House
 Holmes Regional Medical Center
 1350 South Hickory St. Melbourne, FL 32901
 (321) 434-1350

Reminder:

If an accident or incident requires medical attention, the member's personal medical insurance is the primary and Girl Scout insurance, that is part of their annual/lifetime Girl Scout membership, is used as a secondary insurance. This insurance is only for accidents; it is not health insurance.

Upon arrival to a health care facility, please be sure to provide your insurance information along with any additional details for the medical team. When submitting a claim to Girl Scouts of Citrus, please be sure to submit copies of all paperwork and keep originals for your file.