



ACCIDENT/INCIDENT REPORT

PART A: TROOP/GROUP USER INFORMATION:

Troop/Unit Number: _____ Date of Report: _____

Nature & Date of Event: _____

Name of Injured: _____ Age: _____

Mailing Address: _____ Zip: _____

Telephone: _____ Registered Girl Scout: Yes No

Parent/Guardian Name _____

Complete Mailing Address: _____

Troop/Unit 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 Trail 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:

6c. What was the event/meeting that you were attending? _____

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: _____

GSC REPRESENTATIVES

CRYSTAL JONES, Chief Operations Officer
407-896-4475 or 352-989-3987

MARIE SNEAD, Sr. Director of Business & Retail Services
407-896-4475 or 407-690-2418

NOTE:

Please be aware that if there is an incident that requires you to seek medical attention while staying at one of our properties, Girl Scout insurance is used as a secondary insurance. The primary insurance is to be used first. Upon arrival to one of the Health Care facilities listed below, please be sure to provide your insurance information along with any forms you were given by the designated staff person.

MAH-KAH-WEE

First Choice Urgent Care

1945 West CR 419, Ste. 1101

Oviedo, FL 32766

407-366-2890

Hours: M-F 9 a.m. – 7 p.m.

S-S 10 a.m – 5 p.m.

Florida Hospital East

7727 Lake Underhill Rd.

Orlando, FL 32822

407-303-8110

RIVERPOINT

Cape Canaveral Hospital

701 West Cocoa Beach Cswy.

Cocoa Beach, FL 32931

321-799-7111

MELBOURNE SCOUT HOUSE

Holmes Regional Medical Center

1350 South Hickory St.

Melbourne, FL 32901

321-434-1350

CELIA LANE

Florida Hospital

601 East Rollins St.

Orlando, FL 32803

407-303-1256

PINE CASTLE

Arnold Palmer Hospital for Children

92 West Miller St.

Orlando, FL 32806

407-649-9111

EUSTIS

Florida Hospital/Waterman

201 North Eustis St.

Eustis, FL 32726

352-589-3333