

Girl Scout Council of Hawaii
REPORT OF ACCIDENT OR SERIOUS ILLNESS

Fill out in duplicate and attach Parent Permission Form for this activity to the original. Troop retains a copy and submits the original to Membership Development Director, at respective Service Centers. Membership Development Director will forward original to Girl Scout office WITHIN 24 HOURS of accident or serious illness.

INJURED PERSON

Name: _____ Age: _____ Troop No: _____

_____ Street _____ City _____ Zip _____ Phone: _____

Injuries: _____

Taken to: _____ Attended by: _____

Parent notified by: _____
(Name) (Phone)

Address: _____
Street City State Zip

on _____ at _____ Method used: Phone In Person Other: _____
(Date) (Time)

DETAILS OF ACCIDENT

Date: _____ Time _____ Place _____

Owner of Premises: _____

Circumstances: _____

Witnesses: Name Address Phone

1. _____

2. _____

3. _____

PROPERTY DAMAGED

Owner: _____ Phone: _____

Address: _____
Street City State Zip

Damage: _____

ADULT IN CHARGE OF ACTIVITY

Name: _____ Phone: _____

Address: _____
Street City State Zip

Position: _____ Service Unit: _____

Date: _____ Reported by: _____