



Girl Scouts - Red Lands Council

Accident/Incident Report

Red Lands Council • 121 N.E. 50th Street • Oklahoma City, OK 73105
 (405) 528-3535 • 1-800-698-0022 • FAX: (405) 528-4475

**To be completed by the adult-in-charge, event staff or activity director.
 Submit to the executive director within 24 hours of occurrence.**

Name of event/camp _____ Date submitted _____

Location of incident _____ Address _____ City _____ Zip _____

Date of incident _____ Time _____ Location _____

Incident was reported to council staff member:

Name _____ Title _____ Date _____ Time _____

Person in charge of the camp/event _____

Victim(s) Name	Parent/Guardian	Address	Phone Number	Age
1.				
2.				
3.				

Attach signed statements about incident

Witness Name	Parent/Guardian	Address	Phone Number	Age
1.				
2.				
3.				
4.				
5.				
6.				

Describe incident in detail (add attachment, if necessary) _____

Action taken at time of incident _____

By whom? _____

Action taken as follow-up to incident _____

By whom? _____ When? _____

If there was an injury, was the injured participating in an activity at the time of the injury? Yes No

If yes, what was the activity? _____

Was equipment involved in the incident Yes No If yes, what kind _____

Medical Report

Were parents notified? Yes No If yes, how was notification made? _____

By whom _____ Date _____ Time _____

ParentResponse/Directions _____

Where was treatment given? Camp At Accident Site Doctor's Office Hospital

Describe treatment given _____

By whom? _____

Name, address, and phone number of person who rendered aid:

Was injured admitted to in-camp health services? Yes No If yes, when? _____

Date released from health service _____ Released to: Camp activities Home Other _____

By whom _____ When? _____

Was injured admitted to hospital? Yes No If yes, which one _____

Hospital _____ Date _____ Out-patient In-patient

Name of physician in attendance _____ Date released from hospital _____

Released to: Camp Health Service Home Other _____

Where did the incident occur? Be specific, include location of injured and witnesses. Use a diagram to locate persons and objects in the space below. Use an additional page if needed.

Signature of person submitting report _____ Title _____

Phone # of person submitting report _____ Date _____

FOR OFFICE USE ONLY

Insurance Notification

- Parent insurance _____ By Council _____ By Parent _____ Date _____
- Camp Health insurance
- Worker's Compensation
- Basic Plan

Executive Director
Date Received _____
Initial _____