Girl Scouts – Western Oklahoma, Inc.
Accident/Incident Report

Western Oklahoma, Inc. ● 6100 N Robinson ● Oklahoma City, OK 73118
(405) 528-GIRL (4475) ● 1-800-698-0022 ● Fax: (405) 418-7999

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. SAVE				
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 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 services _____ 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 Services ☐ Home ☐ Other _____

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

Name of person submitting form:

Phone # of person sbumitting report: Date:

☐ By clicking this box I verify that the above information is correct.

SAVE **SUBMIT:Click the button on the left to save this form. Then email to hr@gswestok.org**

FOR OFFICE USE ONLY

Insurance Notification
- ☐ Parent Insurance
- ☐ Camp Health Insurance
- ☐ Worker's compensation

____ By Council ____By Parent _____ Date

Program Director
Date Received_____
Initial_____

Update 10/08