

# Accident Report



Girl Scouts of NE Kansas & NW Missouri  
8383 Blue Parkway, KC, MO 64133  
(816) 358-8750 Fax (816) 358-5714  
[www.girlscoutsksmo.org](http://www.girlscoutsksmo.org)

When reporting an accident or illness emergency, submit this form immediately to the council office. This report will be used if any follow-up action is necessary. Use reverse side as needed.

### Injured Person(s)

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

If child, name of parent/guardian \_\_\_\_\_

Troop \_\_\_\_\_ Age \_\_\_\_\_ Telephone (\_\_\_\_) (\_\_\_\_)

Day Evening

### Person Reporting

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

### Description of Injury/Illness

Date \_\_\_\_\_ Time \_\_\_\_\_  am  pm Location \_\_\_\_\_

### Description of Accident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Witnesses

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Telephone (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Day Evening Cell

Name \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Telephone (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Day Evening Cell

### Was medical treatment provided? Yes No

If yes, complete Girl Scout of the USA Insurance Claim form

Physician's Name and Address \_\_\_\_\_

Hospital's Name and Address \_\_\_\_\_

### Property Damage

Owner's Name and Location \_\_\_\_\_

Description and estimate cost of repairs \_\_\_\_\_

### Police Report

Were police called? Yes  No

Name of Officer (if known) \_\_\_\_\_ Report Number \_\_\_\_\_

Person Reporting _____	Date _____
Signature _____	Position _____

Return to Council Office