



Girl Scouts, Hornets' Nest Council  
 7007 Idlewild Road • Charlotte, NC 28212  
 704-731-6500, Outside Mecklenburg 800-868-0528  
 Website: [www.hngirlscouts.org](http://www.hngirlscouts.org)



## CONFIDENTIAL INCIDENT/ACCIDENT REPORT

This confidential report is used to record all actions taken concerning any incident, including behavioral problems, that concern the health and safety of the girls, medical emergencies, serious accidents or fatalities.

Submit to: **Girl Scouts, Hornets' Nest Council, Membership Specialist, 7007 Idlewild Road, Charlotte, NC 28212** immediately following incident/accident. If needed add extra pages to this report. Forward any news releases, letters of concern, etc.

Name of Program Site: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Area Code/Number Area Code/Number

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Number City State Zip

Name of person involved: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Sex: \_\_\_\_\_  Girl  Adult  Tag-a-long

Name of Parent/Guardian (if minor): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street & Number City State Zip Area Code/Number

Were parents notified:  Yes  No By:  Writing  Phone  Other \_\_\_\_\_  
 By whom? \_\_\_\_\_ Position: \_\_\_\_\_ When: \_\_\_\_\_

If more than one person is involved write information on a sheet of paper and attach to report.

Name/Addresses of Witnesses (You may wish to attach signed statements.)

Name	Complete Address	Telephone

Type of incident:  Behavioral  Accident  Epidemic Illness  Fire  Theft  Other (describe)

Date of Incident/Accident: \_\_\_\_\_ Hour: \_\_\_\_\_  a.m.  p.m.  
Day of Week Month/Day/Year

Details of Accident/Incident/Occurrence (If automobile, bus, boat, motorized vehicle, or animals, etc. involved, give details on owners, operators and specify location.)

**PLEASE NOTE:**  
**VEHICLE INSURANCE IS THE RESPONSIBILITY OF THE DRIVER. NEITHER GIRL SCOUTS, HORNETS' NEST COUNCIL NOR GSUSA IS RESPONSIBLE FOR DAMAGES DONE TO VEHICLES WHILE DRIVEN BY VOLUNTEERS.**

**Attach Diagram of Accident**

Was injured participating in an activity at time of injury?  Yes  No If yes, what activity?

Any equipment involved in accident?  Yes  No If yes, what kind?

Emergency procedures followed at time of incident/accident. (Specify who gave emergency care.)

Names, ages, addresses of all adults involved:

**MEDICAL REPORT OF ACCIDENT:**

Was injured treated at a doctor's office?  Yes  No If so, where? \_\_\_\_\_

Was injured treated at a hospital?  Yes  No If so, where? \_\_\_\_\_

Why? \_\_\_\_\_

Date: \_\_\_\_\_  Out-patient  In-patient

Name of physician in attendance: \_\_\_\_\_

Released to:  Program Staff  Parent/Guardian  Leader  Other \_\_\_\_\_

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**COMMENTS:**

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_