



Girl Scouts

Accident/Sickness Report

Accident/Sickness reports should be completed for anyone that is injured or becomes ill during Girl Scout activities and requires first aid assistance. It is used to supplement insurance information and to notify the council. This form must be completed and submitted to the council office within 24 hours following the occurrence. If an insurance claim is needed, please submit the completed Girl Scouts of the USA Claim Form with this report to the nearest Girl Scouts of Southern Alabama Service Center. Do NOT send claim forms directly to the insurance company.

Contact Information

Please indicate whom this report is being filed for: Registered Girl Registered Adult
 Non-Registered Girl Non-Registered Adult
Name of Injured/Sick _____ Age _____ D.O.B. (MM/DD/YYYY) _____
Address _____ City/State/Zip _____
Program Grade Level Daisy Brownie Junior Cadette Senior Ambassador
Name of Parent/Guardian (if child) _____

Leader Information

Leader Name _____ Troop # _____ Service Area _____
Mailing Address: _____ City/State/Zip _____
Phone: Home # _____ Work # _____ Cell # _____
E-mail Address _____

Accident/Sickness Information

Date _____ Time _____ Location _____
Date of Report _____ Activity or Event in Progress _____
Treatment _____
Treatment provided by _____
Please indicate where injured/sick was taken for treatment (if applicable) _____

Signature of First Aid/CPR trained adult _____ Date _____

If Injury Related

Description of injury _____
Tool, equipment or object causing injury _____

Authorized Activity Representative

Name of person completing form _____ Position _____
Phone: Home # _____ Work # _____ Cell # _____
Signature _____ Date _____