

**GIRL SCOUTS OF NORTH-CENTRAL ALABAMA  
INCIDENT REPORT**

**In the event of serious injury or fatality call Emergency Number 205-391-7228  
This report should be submitted to CDM within 24 hours of incident**

Person(s) Involved: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Girl \_\_\_\_\_ Volunteer \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Non-member \_\_\_\_\_ Employee \_\_\_\_\_

Type of Incident: Injury \_\_\_\_\_ Illness \_\_\_\_\_ Behavioral \_\_\_\_\_ Other \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Activity \_\_\_\_\_

Parent or guardian notified: Date \_\_\_\_\_ Time \_\_\_\_\_ By Whom \_\_\_\_\_

GSNCA notified: Date \_\_\_\_\_ Time \_\_\_\_\_ By Whom \_\_\_\_\_

Emergency Contact notified: Date \_\_\_\_\_ Time \_\_\_\_\_ By Whom \_\_\_\_\_

Authorities contacted \_\_\_\_\_

Names of witnesses and/or adults rendering aid \_\_\_\_\_

Description of illness or injury & treatment rendered (nature / extent)

Name/Address of Hospital \_\_\_\_\_

Other information/details

Information provided by \_\_\_\_\_ Date \_\_\_\_\_ SU \_\_\_\_\_