girl scouts
arizona cactus-pine

INCIDENT REPORT
NOT FOR SUMMER CAMP PURPOSES

☐ Troop/Group Member ☐ Employed Staff ☐ Volunteer ☐ Other_____

Troop/Group #_____ Neighborhood_____

Person Ill or Injured_____ Date of Injury_____ Time_____ ☐ AM ☐ PM

Phone_____ Last four digits of SS#:_____

Address_____ City_____ State_____ Zip_____

Parent/Guardian Name (if minor)_____ Relationship_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Business Phone_____

Describe illness or injury in detail, including, if applicable, the location and what the person was doing at the time:

If minor, were parents/guardian notified? ☐ Yes ☐ No Date_____ Time_____ ☐ AM ☐ PM

Was treatment given on site? ☐ Yes ☐ No Date_____

Treatment given_____

By Whom_____ Date Released_____

Released to: ☐ Current Activities ☐ Home ☐ Other_____

Was treatment given somewhere other than site? ☐ Yes ☐ No Where?_____

Was person retained overnight in hospital? ☐ Yes ☐ No Where?_____

Name of physician or health care service_____ Date_____

Date Released_____ Released to: ☐ Home ☐ Other_____

Other Comments

Name of Witness_____ Date_____

Name of Witness_____ Date_____

Name of person filling out form_____ Title_____

Signature_____ Date_____

FAX THIS FORM TO EMPLOYEE SERVICES AT 602.452.7036 WITHIN 24 HOURS OF THE INJURY/ILLNESS
Attach any additional information to a separate sheet – keep a copy of this form for your records.