



ACCIDENT REPORT
Developed by A.C.A.

Submit to: Girl Scouts of Utah, P.O. Box 57280, Salt Lake City, Utah 84157-0280

Camp/Event/Trip name _____

Address _____

Name of injured _____ Age ____ Sex ____ Camper Staff Visitor

Address _____

If minor, name of parent/guardian _____

Address _____

Names/addresses of witnesses (attach signed statement as to incident)

- 1. _____
- 2. _____
- 3. _____

Date of accident _____ Hour _____ a.m. p.m.

Where did accident occur? (Specify location, including location of injured and witnesses. Use diagram to locate persons and objects.)

Describe accident in detail.

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

Any equipment involved in accident? _____

What could have been done to prevent the injury? _____

Emergency procedures followed at time of accident: _____

By whom? _____

Submitted by _____ Position _____ Date _____

Medical Report of Accident

Were parents notified? Yes No In writing By phone Other _____

By whom? _____ When? _____

Where was treatment given? Camp Camp health service Doctor's office Hospital

Treatment given at camp? Yes No Where? _____

By whom? _____ Date _____

Treatment given: _____

Was injured admitted to camp health service? Yes No If so, when? _____

Treatment given: _____

Date released from health service: _____

Released to: camp activities home other _____

Treatment given elsewhere than camp? Yes No Where? _____

By whom? _____ Date _____

Was injured admitted to hospital? Yes No If so, which? _____

Where? _____ Date _____ Out-patient In-patient

Name of physician in attendance _____

Date released from hospital _____

Released to: Camp Health service Home Other _____

Comments:

Signed _____ Position _____ Date _____

Insurance claim/report submitted:

Date

1. ___ Parent's Insurance By parent By camp _____

2. ___ Camp Health Insurance _____

3. ___ Workman's Compensation _____

4. ___ Camp Liability Insurance _____