



**RISK MANAGEMENT FORM
ACCIDENT/INCIDENT REPORT**

Girl Scouts of Silver Sage
8948 W. Barnes St
Boise, ID 83709
(208) 377-2011 or (800) 846-0079
customercare@girlscouts-ssc.org
www.girlscouts-ssc.org

Document Number

RISK002

Effective Date

10/1/2023

Purpose

To be filled out within 24 hours of the occurrence of an accident or incident that may result in an insurance claim or would have a negative impact on a child or adult participant, employee or council.

Person(s) Accountable

Risk Manager is responsible for collecting completed forms and keeping form current

Anyone associated with Girl Scouts of Silver Sage that is in-charge at the time of the accident or incident.

Form:

On Following pages –



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Name of Event _____ Today's Date _____

Person(s) Involved/Injured Name _____ Phone _____

Name _____ Phone _____

Name(s) of Adult(s) Responsible for Child _____

Witnesses: List at least two people who were present at the time of the incident.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Date _____ Time _____ a.m. p.m.

Where did the accident occur? Particularly to the people who were supervising the activity and other participants. Attach a diagram if helpful.

Describe in detail what the participant was doing and how the incident occurred. Who was involved?

Procedure followed in rendering aid: Was Emergency First Aid given? yes no

Who gave it? _____

Where was it given? _____

How much time elapsed between the accident and First Aid? _____

What did First Aid consist of? _____



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INCIDENT REPORT FORM (continued)

DISPOSITION: Sent to Infirmary? yes [] no [] Date _____ Time _____ [] a.m. [] p.m.
Sent Home? yes [] no [] Date _____ Time _____ [] a.m. [] p.m.
Taken to Hospital? yes [] no [] Date _____ Time _____ [] a.m. [] p.m.
How and By Whom? _____

Were parents notified? yes [] no [] How? _____
By whom? _____ Date _____ Time _____ [] a.m. [] p.m.
How did parents respond? What suggestions did the parents have? _____

Did the activity by the participant contribute to the incident? yes [] no []

Explain: _____

Additional Comments _____

Submitted By: _____

Position: _____

Date of Report: _____