



Girl Scouts of Kentucky's Wilderness Road Council
 2277 Executive Drive • Lexington, Kentucky 40505
 859-293-2621 • 800-475-2621 • Fax 859-299-3692
 www.gskentucky.org



Accident - First Report for Volunteers/Girls

Date reported _____ Reported by _____
 Date of injury/illness _____ Time of injury _____ am pm

Accident Location Information

Accident occurs on Girl Scout Council premises: Yes No
 If on premises, office/department/camp where accident occurred: _____
 If not on premises, name and address where accident occurred: _____

Injured Person Information

Name _____ Date of birth _____
 Address _____ Phone Number (____) _____
 City _____ State _____ Zip _____
 Social Security Number _____ Male Female
 Single Married Divorced Widowed Registered Girl Scout: Yes No

Accident/Injury Information

Activity at time of injury: _____
 Description of Accident: _____

 Type of injury (e.g., cut, sprain, burn): _____
 Body part affected (e.g. head, back, arm): _____
 If fatality, Date of Death: _____

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Treatment

Type of treatment: Minor Clinical/Hospital Emergency Care
 Hospitalized > 24 hours

Name of physician, emergency room or clinic _____

Address _____ Phone number (____) _____

City _____ State ____ Zip _____

Name of hospital (if admitted) _____

Address _____ Phone number (____) _____

City _____ State ____ Zip _____

Witnesses

Name _____

Address _____ Phone number (____) _____

City _____ State ____ Zip _____

Name _____

Address _____ Phone number (____) _____

City _____ State ____ Zip _____

Other Comments

Return Completed Form To:

Girl Scouts of Kentucky's Wilderness Road Council
Registrar
2277 Executive Drive
Lexington, KY 40505
Fax: 859-299-3692