



Incident/Accident Report Form – Badgerland Council

An Accident/Incident Report should be completed by the involved staff member or lead volunteer whenever there is an incident, accident, or injury at a Girl Scout activity or event. This form should be completed even if the incident/accident does not result in loss of time from work, school, or medical treatment. If more than one person was injured as a result of this occurrence, please complete a separate form for each person.

Completion of this form is for documentation and notification purposes. It does not constitute an admission of liability by Girl Scouts of Wisconsin-Badgerland Council.

Please send the completed form to IncidentReport@gsbadgerland.org.

Name of Person to Whom Incident/Accident Occurred: _____

Age: _____

Girl Scout Membership Status:

Member of Badgerland Council

Member of another Girl Scout Council

Not a Girl Scout Member

Is this person an employee of Badgerland Council? Yes No

If under 18 and/or in High School, enter the Parent/Guardian Name:

Phone Number (if under 18 and/or in High School, enter the Parent/Guardian number):

Email (if under 18 and/or in High School, enter the Parent/Guardian email):

Contact Address: _____

City, State, Zip Code: _____

Name of Person Completing this Form: _____

Contact Phone Number for Person Completing this Form: _____

Contact Email for Person Completing this Form: _____

Role/Position with Girl Scouts of WI-Badgerland Council: _____

Name of the Event: _____

Name of Event Location: _____

This Event was:

Just for a Troop

A Community or Service Unit Event

A Badgerland-Sponsored Event (not camp)

A Badgerland-Sponsored Camp Overnight/Weekend

A Girl Scout Camp Experience at Camp Brandenburg or Camp Ehawee

Other: _____

Nature and Purpose of the Activity: _____

Was additional activity insurance purchased for this activity/event? Yes No

If no, please list why:

Not required for this Activity/Event

Other _____

Date of Incident (MM/DD/YYYY): _____

Time of Incident (HH:MM:SS AM/PM): _____

Exact Location of the Incident (Ex: Kitchen at Hilltop): _____

Describe what happened: List only the known facts of the incident/accident. Do not make assumptions. If someone stated that they saw or heard something, list that person's name and exact statement made. If anyone was injured, what were they doing at that time? Please describe the nature and exact location of any injuries. Do not diagnose injuries unless qualified to do so. State only where an injury is visible/known and what is observed/treated.

Name of Witness #1: _____

Child or Adult? Child Adult

If Child, list Age: _____

If Child, enter the Parent/Guardian Name:

Phone: _____

Email: _____

Address: _____

City, State, Zip Code: _____

Name of Witness #2: _____

Child or Adult? Child Adult

If Child, list Age: _____

If Child, enter the Parent/Guardian Name:

Phone: _____

Email: _____

Address: _____

City, State, Zip Code: _____

Name of Witness #3: _____

Child or Adult? Child Adult

If Child, list Age: _____

If Child, enter the Parent/Guardian Name:

Phone: _____

Email: _____

Address: _____

City, State, Zip Code: _____

If applicable, upload additional documents, photos or witness statements to
IncidentReport@gsbadgerland.org.