



# REPORT OF INCIDENT

GSH Case # \_\_\_\_\_  
(assigned by Council)

**WITHIN 24 HOURS of any incident:**

1. Complete this report and submit with the Annual Permission Form or Girl Health History Form for Council Programs and email to [customercare@gshawaii.org](mailto:customercare@gshawaii.org)
2. Mail the original document (this report) with the Annual Permission Form or Girl Health History Form for Council Programs for this activity to council headquarters: ATTN Membership Manager, Girl Scouts of Hawai'i, 410 Atkinson Drive, Suite 2E1, Box 3, Honolulu, HI 96814.
3. Send a duplicate of all documents to your Service Unit Manager
4. Retain copies for troop records

Reported by

Name	Role at camp/SU/Troop	email	phone
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(If applicable)

Adult in Charge

Name	Role at camp/SU/Troop	email	phone
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First Aider/Camp Nurse

Name	email	phone
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## INCIDENT REGARDING

Name \_\_\_\_\_ Age \_\_\_\_\_ Troop No \_\_\_\_\_

Street	City	ST	ZIP	Phone
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Parent/guardian/emergency contact notified by

Contact	Date	Time
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notified via  Phone  In Person  Other

## LOCATION

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Property damaged (if any) \_\_\_\_\_

Property Owner \_\_\_\_\_

Street	City	ST	ZIP	Phone
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## DETAILS OF INCIDENT

Circumstances

Description of Injury \_\_\_\_\_

What was the injured person doing at the time of the incident? \_\_\_\_\_

Witness 1 \_\_\_\_\_

Witness 2 \_\_\_\_\_

Witness 3 \_\_\_\_\_

Name	Role/troop	email	phone
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## TREATMENT

On Site Treatment (if any) \_\_\_\_\_

Off site Treatment (if any) \_\_\_\_\_

Health care professional/Doctor \_\_\_\_\_

Name	Hospital/Office
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Street	City	ST	ZIP	Phone
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Please use back of this form or attach a document, if additional space is needed