

First Report of Incident Form

In the event of a serious accident or injury, call 911, if necessary, and then call the Girl Scout of Eastern Massachusetts Emergency number on the [GSEMA Emergency Procedures](#) card (1-800-348-7788).

When a First Aider determines an injury or illness* requires professional medical care, document the information as thoroughly as possible on both pages and submit this form within 24 hours of the injury or illness to GSEMA: scan/email to customercare@gsema.org and then mail the original form to:

Girl Scouts of Eastern Massachusetts
ATTN: Safety – First Report of Incident
111 E. Grove St., Middleboro, MA 02346

A head injury needs to be reported to caregivers and to GSEMA.

Date/Time of incident reported to have occurred _____

Location of the incident _____

Person Reporting:

Name _____

Position _____

Email Address _____ Phone _____

Please provide specific information about the injured or ill person(s):

How many injured/ill _____ *(complete additional forms for each injured/ill individual)*

Name(s) of injured/ill _____

Age _____ Grade _____ Date of Birth _____ English spoken in home? ☐ Yes ☐ No ☐ Unknown

Address _____

Street

City

State

Zip code

Caregiver name _____ Relationship to child _____

Email address _____ Phone _____

Type of injury/illness (e.g., fall, cut, burn) _____

Describe exactly where the incident occurred (i.e., the Kitchen in Great Hall at Camp Cedar Hill) _____

Please cite the source(s) if this incident was not observed first hand _____

* Communicable diseases are only required to be reported to local Boards of Public Health when they occur at GSEMA day and resident summer camps.
Camp staff, see [105 CMR 300.100](#) for list of reportable communicable diseases.

Description of the incident _____

(please use back of form or additional pages as necessary to describe the incident)

What first actions were taken to treat or otherwise assist the injured person(s)? _____

By Whom _____

Was outside medical attention sought? (Ambulance, Urgent Care, Emergency Room, Doctor, etc.)

☐ Yes ☐ No

If yes, When (date), Where (location), Who (attending)?

What was the final diagnosis (broken bone, stitches, virus, etc)?

Witnesses:

Name _____ Phone _____

Address _____
Street City State Zip code

Did the girl(s) go home or return to programming? _____

Was the council contacted? (1-800-348-7788 or to on-site/on-call staff member directly)

Who? (name) _____ Date _____ Time _____

Comments:

Signature of person completing form _____

Print Name _____ Phone _____

To Be Completed by Office Personnel

Was the Core Team Contacted? ☐ Yes ☐ No If yes, who? _____

Action taken after placing call to Core Team Contact: