

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.



143 Abbot Street Andover, MA 01810	111 East Grove Street Middleboro, MA 02346	265 Beaver Street Waltham, MA 02452
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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: